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V. S. No. 1.		N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, ICAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
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PHYSICIANS should state of OCCUPATION is very

RECORD

replace of DEATH 12136  County Balto  Village or City Cantan (No. 383)  2FULL NAME Robert L	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR ON OR CED OR ON OR CHARGE (Write the Wed)  6 DATE OF BIRTH	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
May 4, 1913 (Month) (Day (Year)	that I last saw here alive on Aug . 3, 1913,
7 AGE   If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 7:449 P.m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employar)  BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory Secondary
OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) , M. D.  Soft 3, 191 (Addrass) 20 M. Path Path C.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?  Former or usual rasidenca.
(Address) 3823 Fail acc	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
REGISTRAR	FI ARABER S IN MILLER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head Never report For VIO-



#### BINDING RESERVED

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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS certificate. item of information should be a See instructions on back of CAUSE OF important. 83

County

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

43		BRE.	
31.	<b></b>	AA G	aro

	FULL NAME Still born in	give its NAME Instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO, OROVORCE (Write the word)	16 DATE OF DEATH Sept (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8/0	ATE OF BIRTH  (Month) (Day)  (Year)	
7 A	GE K LESS than 1 day hrs.  yrs. mos. ds. ob min.?	and that death occurred on the date stated above, at
pa (b) bus	CCUPATION ) Trade, profession, or ricular kind of work	Still form metant  (Duration) yrs
9 BS SIN	10 NAME OF FATHER (State of country)  11 BIRTHPLACE OF FATHER (State of country)  12 BIRTHPLACE OF FATHER (State of country)	(Signed)
PARE	12 MAIDEN NAME OF MOTHER COUNTRY)  13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs
147	(Informant) Starte To the BEST OF MY KNOWLEDGE  (Informant) Starte Adams  (Address) Starte Starte	Where was disease confracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FI	led Syn 19, 1913 G Chiccomale REGISTRAR	MUNDERTAKER Combany Constant Balto
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto./ Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-



dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage, as "Purerent scotichacby carbolic acid-probably suicide. The nature of the such. If impossible to determine definitely. which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -h art fallure," "Haemorrhage," "Inanitlon." "Maras "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. Never report ment neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "TUERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head \_\_ (name origin; "Can State cause for Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

G. C. McCORM CK M

Shydrana Smangyd8

V. S. No. 1.

PHYSICIANS should state of OCCUPATION IS very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE carefully supplied. Every item of information should be carefully supplied. GAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. PLAINLY, WITH N. B.

1 PLACE OF DEATH

#### 12138

#### STATE OF MARYLAND CERTIFICATE OF DEATH

....St.;.....Ward)

Registration Dist. No. 36

Village of City Pa	KI	pri	(	No	y The	hila	MAG	_
	~	1	1	01	n			

[if death occurred in a hospital or Institution,

ADDRESS

	*FULL NAME Elis alkan	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male Whale Widowed  Write the word)	16 DATE OF DEATH Sept. 7, 1913 (Month) (Day (Year)
6 D	March 1 (Nonth) (Day (Year)	that I last saw ham alive on State 1 1913.
7 A	76 yrs 6 mos / ds. 0R min.?	and that death occurred on the date stated above, at #30 pm The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	OCCUPATION  Trade, profession, or pured Toll fat Kouffer  riticular kind of work. Actived Toll fat Kouffer  Seess, or establishment in lich employed (or employer)  IRTHPLACE	Contributory (Duration) yrs. mos. ds.
PARENTS	10 NAME OF FATHER Cli Albano  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 7	of Mother Soul Rown.  13 BIRTHPLACE OF MOTHER (State or country) Soul Knowledge THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hary Albary	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where wes disease contracted, If not at piece of death?  Former or usual residence.
15	(Address) Blumor Med	Horrest Cemelen Sept 102, 1913

If more blanks are needed, address State Registrar, 6 E. Frankliu St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... LENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably mia," "PUERPERAL peritonitis," etc. childblrth or miscarriage as "Puerperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN V. S. No. 1.

PLACE OF DEATH 12189	STATE OF MARYLAND
County Baltinere	CERTIFICATE OF DEATH
Village or City Lower Ms. (No. 2 FULL NAME Still born, of S.	St; Ward)  [It death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY That I attended deceased from
TAGE  TAGE  TAGE  TAGE  TOTAL STATE  TOTAL S	that I last saw h alive on Lett Born 191 and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  AMAGE (State or country)	(Duration) yrs. mos. d  Contributory (Secondary) (Duration) yrs. mos. d  (Signad) Problem Green M.
11 BIRTHPLACE OF FATHER (State or country) Virgina  12 MAIDEN NAME OF MOTHER Letter le, Smith.	State the DIBEASE CAUSING DEATH, or, in deaths from VIOLENT CWISES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Jouson Add.  15 Filed Sury, 1913 Claud Survey.  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Prospect Hell Lown Sept 23,, 1913  20 UNDERFAKER  ADDRESS  E. Epinklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. causing death, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations first line will be sufficient, e. g., Farmer or Planter, gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers scation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosta of lungs, meninges, peritonaeum, etc., Carcinosta of lungs, meninges, peritonaeum, etc., Carcinosaeum, etc.,

cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of cause. Aiways qualify all diseases resulting from ture of the American Medicai Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 3 1913

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

	PLAGE OF DEATH 12140	STATE OF MARYLAND
	ounty Bultimore	CERTIFICATE OF DEATH
C	ounty Outlands	Registration Dist. No. 30
\	FULL NAME Peter Ame	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	Halz White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   I HEREBY CERTIFY, That I attended deceased from
6 [	And 20, 1854 (Month) (Day) (Year)	that I last saw h mu allve on selfet 1 1913.
7 A	GE   It LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(1	ccupation 1) Trade, profession, or 1) Trade, profession, or 1 Tricular kind of work	Carcinama of Stamoch
bu W	) General nature of industry, siness, or establishment in nich employed (or employer)	(Duration) yrs, mos ds.
9 6	State or country) hargland	Contributory (Secondary)  (Duration)yrs
ARENTS	11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME)	(Signed)
PAI	13 BIRTHPLACE OF MOTHER (State or country) Germany.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death
14	(Informant) Catharius Ament	If not at place of death?  Former or  usual residence.
15 f	(Address) Calonsnille  11ed Sylf-9 1913 Marshall B Wish REGISTRAN / REGISTRAN /	19 PLACE OF BURIAL OR REMOVAL  Cella Cernetery Sept. 4. 1913  20 UNDERTAKER  Custon Sons Ellievet Cell
	of more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-('oal cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the pismasm Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if Impossible to determine definitely. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage, as "Puerpenal scotichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. thenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "PUERPERAL peritonilis," etc. "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," (name orlgin; "Can-State cause for "Exhaustion," Examples:



V. S. No. 1.

N. B.

	RECORD	PHYSICIANS should state of OCCUPATION Is very
0.1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
7		

12141 1 PLACE OF DEATH

#### STATE OF MARYLAND CEPTIFICATE OF DEATH

County Callings	Posteration Plan 11 SO
Village or City Della (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h & alive on Seft 8 191
7 AGE    If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at Sedam The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Coscinous of Wess
business, or establishment in Messey hill  which employed (or employer)  BIRTHPLACE (State or country)  Ballicus less	Contributory Rules less - Fyreof
10 NAME OF FORM Allieson	(Signed) (Signed) (Signed) (Address) (Signed) (Address) (Address)
OF FATHER (State or country)  Parameter  OF MOTHER  OF MOTHER  Soulak	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) England	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.  Where was disease contracted,
(Informant) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
Flied Jelf: 19 1913 Marshall Blowsf	Olla Osmetery Jest 21., 1813

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bakto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



RECORD

PERMANENT

IS

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Important. See Instructions on back of certificate.

PLAINLY, WITH UNFADING INK-THIS

S. No. ĸ

WRITE

1			
	PLACE OF DEATH 12142	STATE OF MAI	RYLAND
	(29, 01 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	CERTIFICATE O	F DEATH
C	ounty ( ) WATT	Registration Dis	st. No. 3
v	illage or City Usal 111 (No.	St; Ward)	give its NAME instead
	FULL NAME AM JOSEPH (Ca)		of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 51	WIDOWEO.	16 DATE OF DEATH Sept. (Month)	(Day) (Year)
	Male White on overeze (Write the word)	17 I HEREBY CERTIFY, That I	attended deceased from
g D	ATE OF BIRTH Self (840)	1913, to Sep	1 6 , 1913,
	(Month) (Day) (Year)	that I last saw harmalive on Se	16 ,1913
7 A		and that death occurred on the date stated	above at (C m.
1	1 day,hrs.	The CAUSE OF DEATH * was as follows:	)
_	yrs. mos. ds. OR mlo.?	Chronic Intestitud not bi	utes ma
	OCCUPATION ) Trade, profession, or	Bright Nel	ar III
pa	rticular kind of work.		***************************************
	General nature of industry, iness, or establishment in	(Duration)	yrsmosds.
100000000000000000000000000000000000000	ch amployed (or employer)	Contributory	
(8	RTHPLACE tate or country)  Mary Caus	(Secondary)	/ yrsds.
	10 NAME OF FATHER MMY NOW	(Signed) S, Tr. Burs	- /
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, 1	n deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER WILLIAM	CAUSES, state (1) MEANS OF INJUST; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, I	
	13 BIRTHPLACE OF MOTHER (State or country)  MANAGEMENT OF THE COUNTRY)	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State	
141	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Baltus	un Crush.
	(Informant) Alsus House & cord	Former or usual residence.  Former or usual residence.	MA
	(Address). Foxas/Md	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	ed Sal 30 1913 AN 38, Brucon	20 UN DERTAKER	ADDRESS
Fil	REGISTRAR	Loters Bures Fors	Taison

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted CAUSINO DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite); Diphtheria (avoid use of Tubereu-Carcin-

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

county Balty.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Highland (No. 3804) 2FULL NAME Clifton Be	Clauring St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hale Single, wisowed, Write the word)	16 DATE OF DEATH  (Morth)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH May 1 1 , 1911	Sept. STL, 1913, to Sept. 11th, 1913, that I last saw here allow on Sept. 10 th, 1913
7 AGE (Month) (Day (Year)  1 tess than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 1
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrsmos,ds.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF	Secondary (Duration) yrs mos ds.
FATHER Conrad / sentruly	(Signed) There , M. D. Aght. 11, 191 & (Address) 20 a 2. Potterson Pk. a.
C State or country) Maryand  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother learne 13 lefter  13 BIRTHPLACE OF MOTHER (State or country)  Marsland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS)  At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Address) 3804 Clairmonth	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Left // 1913 A. C. M. Clanaha	POUNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who see engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as \*probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For VIO-



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be informant. See instructions on back of certificate. WRITE PLAINLY, WITH

12144

1 PLACE OF DEATH Ballimon Ballimon (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist	No	3%
Tropisci arioni	D 13t.	110.	

	St. Word)	
*********	St.;Ward)	
1	1.	

[it death occurred in a hospital or institution,

	FULL NAME Miss Elizale	eth Blakislour give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	emala White Caprocate (Write the word)	16 DATE OF DEATH S2 25 ,1913 (Month) (Day (Year)
6 D	ATE OF BIRTH  Au  (Month)  (Day  (Year)	17 I HEREBY CERTIFY, That I attached deceased from 191 to 191 , 19
7 A C	yrs 8 mos / ds. OR min. ?	and that death occurred on the date stated above, at 1.150 m, The CAUSE OF DEATH* was as follows: Suddru - Routy Andigro
(a) par	CCUPATION Trade, profession, or ricular kind of work	Tion
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) Yrs. 1800 Us.
9 B I	(State or country) St Mary & Co 741	Gontributory Carollac drefan cracy Secondary Secondary (Doration) was mos ds
NTS	11 BIRTHPLACE OF FATHER (State or country) St Mary, Co Md	(Signed) Breach Bylish und
ARE	(State or country) & Mary to Md  12 MAIDEN NAME OF MOTHER and Thomas)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) & Morys & und	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds.
	(Informant) Lus Hagest of My KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or osual residence.
16	(Address) Midry wood Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LANDON Park Countery Safe 27 1813
Flic	ed & 125 1913 Dr. 1377 Deusen	Young Justino 4 Sono 12 Mandry 2011
	If more blanks are needed, address State Regist	trar 6 E Franklin St. Ralto. Proposition V. C. No. 1

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified indefinite): Tubereuctsis of lungs; meningics, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia." "Weakness," tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

.V. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

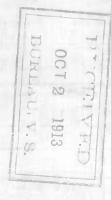
PLACE OF DEATH 12145	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registered No. 42.
Village or City MW Www. (No. 56, C	lit death occurred in a hospital or institution,
mana (2	give its NAME Instead of street and number.]
FULL NAME //WCG / 100	
PERSONAL AND STATISTICAL PARTICULARS	HEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH SCOT. (Month) (Day) (Year)
B DATE OF BIRTH	I HEREBY CERTIFY That I attended deceased from
may 28,1870	that last saw h exalive on Supply 7 1913
(Month) (Day) (Year)  7 AGE	and that death occurred on the date stated above, at 5450n.
63 yrs. 3 mos. 1 2 ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION .	Cleute Melatalin -
(a) Frade, protession, or particular kind of work.	RVILEON
(b) Beneral nature of industry, business, or establishment in which employed (or employer)	(Duration) yrsmos. 2 ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Quration) yrs mos ss.
10 NAME OF FATHER RATTER	(signed) 10 My Kliwenisbery, N. D.
O 11 BIRTHPLACE	Des 8, 1913 (Address) / 2 0 W lives 80
OFFATHER (State or country)  W 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
C 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Europe Dansinger	Former or
(Address) 2/2 annapolis avy	9 PLACE OF BURIAL REMOVAL DATE OF BURIAL
16 Sept 9, 191 3 7 . Registrar	20 NO Derby Balt Hay
	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningits"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

ample: Measles (disease causing death), 29 de.; "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrpreal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Hor VIO-



state Very

18

Exact statement of OCCUPATION

PHYSICIANS should

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ō Item OF Important. CAUSE

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DEATH in plain terms, See instructions on back

PARENTS

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No.

#### PLACE OF DEATH alluniare

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

1913

(Year) ased from

....191......

.....191.....

	ULL NAME H	ton (No./10 &	Dervers	Sr. Ward	a hospital give its	ath occorred in it or lostitution NAME lostead and number.]
PER:	SONAL AND STATISTIC	CAL PARTICULARS	MEDI	CAL CERTIFICATE C	F DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, Married	16 DATE OF DEATH	Seft	14	, 191
Male.	Mule	(Write the word)	17 I HER	(Month) REBY CERTIFY, That	Day I attended de	(Year)
DATE OF BIR	Docombe	. 95- 1836	***************************************	, 191, to		
7	(Month)	(Day (Year)	that I last saw h	allys on	*******	

76 yrs 8 mos 9 ds. or min.?	The CAUSE OF DEATH* was as follows:
occupation (a) Trade, profession, or fact Builder particular kind of work	appoplery.
b) General nature of industry, susiness, or establishment in Relined	(Duration) yrs mo
(State or country) Marisland.	Gontributory Challegestiens Secondary

(Signed) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

-	18 LENGTH OF RESIDENCE (FOR HE OR RECENT RESIDENTS)	SPITALS, INS	TITUTIONS	TRANSIEN	TE
	At place of death yrs mos ds.	to the State	yrs.	mos.	di
	Where was disease contracted,				

ni negili 112 1102 02.	21916 ALZ. MOS
Where was disease contracted.	
if not at place of death?	
Posterior	

16 -4 A A 1-1-4 A 3-14 A	
If not at place of death?	
Former or	
usual residence	
	if not at place of death?————————————————————————————————————

9	PLACE	OF	BURIAL	OR	REMOVAL	DATE

and that death occurred on the date stated above, at,

20 UNDERTAKEI	3	ADI
2 1	-10-	011
Slavensel	of mowen.	211
Hewar	111000000	-

OF BURIAL

191.....

13 BIRTHPLACE OF MOTHER (State or country)

REGISTRAR

10 NAME OF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

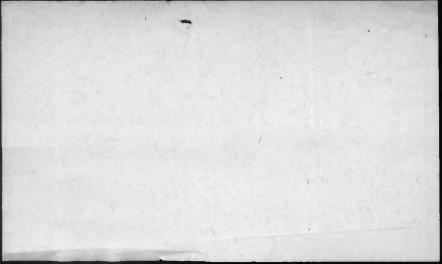
who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, -Precise statement of occupa-If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomencia-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for inus," "Old Agc," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can-The contributory Aiways qualify ail diseases resuiting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) For VIO-EX-



This is a duflicate exactly like the one given to the Emdestater. Seft 14-1913 Chas a- Forter Ex J. of Panel Coroner-Copy send C. Reg. aug. 29 allugton md



#### PERMANENT THIS UNFADING

RECORD

PHYSICIANS: should of OCCUPATION IS Exact statement EXACTL classified. pe 0 properly supplied be may 0 back termi should plain Instructions Information 5 ō Itsm OF Important. CAUSI 0

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. lif death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. Contrector WIDDWED. (Day) ORDIVORCED (Write the word, I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, st 1 day .....hrs. ....min. ? BOCCUPATION (a) Trade, prefession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) .yrs. .... mos. which employed (or employer) Contributory... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place OF MOTHER State ..... of death \_\_\_\_\_ yrs. \_\_\_\_ ds. Where was disease contracted, If not at place of death? Former or usual residence PLACE OF BURLAL OR REMOVAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, an should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only that paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. been changed or given up on account of the piseass Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmet If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, réturn "Laborer," (retired 6 yrs.). Farmer or Planter, As examples: For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. Carcin pneumonia"); Lobar pneumonia; Bionchopneumonia time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup"); fever (the only definite synonym is "Epidemic cere term for the same disease. Examples: Cercbrospinal ("Tneumonia," unqualified, is indefinite); Tubercubrospinal meningitis"); Diphtheria (avoid use of Statement of cause of death-Name, first, the DISEASE Tuphoid fever (never report "Typhoid

> childbirth or miscarriage, as "Purrperal septichae ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "'Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as 1"As-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head (name origin; "Can-The nature of the State cause for

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

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Every item CAUSE OF Important.

Instructions

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PHYSICIANS shoul

STATE OF MARYLAND 12147 CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav (Year) ORDIVORCED HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ ..... yrs. ..... ... mos. ..... ds. Where was disease contracted, 14 THE ABOVE IS If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

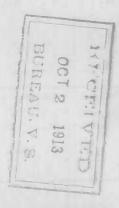
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is neewho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indlworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (6)

pneumonia"); "Croup";) lesis of lungs, meninges, peritonacum, etc., prospinal fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pncumonia; Bronchopneumonia unqualified, is indefinite): Tubercu-(avoid use of Carcin-

> ture of the American Medical Association. eause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For vio-



N. B.—Every item of information should be serefully supplied. AGE chould be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terme, so that it may be properly discellied. Exect statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

PLACE OF DEATH 12148	STATE OF MARYLAND			
0) 11	CERTIFICATE OF DEATH			
County Hallmuron				
	Registered No.			
Ball au	[If death occurred in			
Village or City Frank (No,	St.; Ward) a hospital or Institution,			
1 1	give Ito NAME looteed			
Olyundes H. 19	vary of etreet and number.]			
PULL NAME	.J.,			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH			
/ WIDOWED. WERDER	(Month) (Day) (Year)			
Male Colorly (Write the word)	17 I HEREBY CERTIFY, That I sttended deceased from			
6 DATE OF BIRTH	1012 101111			
V V 1842	1913, to 1913,			
(Month) (Day) (Year)	that I last saw h Mallye on Alfrida, 191 3.			
7 AGE If LESS than	and that desth occurred on the date stated above, at & a m.			
1 day,hrs.				
yre. mos. de. or min.?	The CAUSE OF DEATH* was ss follows:			
BOCCUPATION				
(a) Trade, profession, or	Alles State			
particular kind of work				
(b) General nature of industry, business, or establishment in	(Bundlen) um man 111 to			
which employed (or employer)	(Duration) yrs mos /// de-			
9 BIRTHPLACE	(Secondary)			
(State or country)	tion / Enoun			
10 NAME OF	(Deratioo) yrs. moo. ds.			
FATHER / P	(Signed) A, T, T, Dordice L., M. D.			
V 11 PIPTURIACE	Self 13, 191 3 (Address) Forth mad-			
H OF FATHER (State or country)	7. /			
(State or country)	*State the DISEASE CAUSING DEATH, or, in desths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-			
C OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.			
a Louisa mour	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE	OR RECENT RESIDENTS) At place			
OF MOTHER (State or country)	of death yre mos ds. State yrs mos ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,			
1 1	If not at place of death?			
(Informant) Laucell Haufler	usual residence.			
Bondal Dear	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(Address)	1010 1210 De 9 Pa 101-111 1			
16 1 22 2 1 216	20 months of the fitter of 181. J.			
Filed defet-13,191 3 de + H Forquel	20 UNDERTAKER ADDRESS			
REGISTRAR	Taria Carenson Tradoliano			
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			
I mg -				

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if Impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpersal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary). 10 ds. oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH 12149	STATE OF MARYLAND
C	ounty Bellimore	CERTIFICATE OF DEATH
٧		Registered No. [If death occ a hospital or Ingive its NAME of street and ou
	FULL NAME COMM 10/10	eun of street and ou
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Mole thate (Write the word)	(Month) (Day) (You in the lattended deceased
6 D	Oate of Birth  Oont Answ  (Month) (Day) (Year)	that I last saw h allve on 1
7 A		and that death occurred on the date stated above, at 145 The CAUSE OF DEATH* was sa follows:  Couch Lobor Meumon
	" · · · · · · · / [   /   /   /   /   / / / / / / / / /	
(b)	of incident kind of work.  General nature of industry, ideas, or establishment in ich employed (or employer)  IRTHPLACE State or country)  IRTHPLACE State or country)	Contributory Servicity (Secondary)
(b) bus whi	General nature of industry, siness, or establishment in Dont Know  IRTHPLACE state or country)  10 NAME OF FATHER DONT Know	(Secondary)  (Signed)  (Signed)  (Contributory Servicing (Secondary)  (Signed)  (Signed)
RENTS (d)	General nature of industry, siness, or establishment in lich employed (or employer)  IRTHPLACE State or country)  INDUSTRICT OR ALL CONTROL OF FATHER  OF FATHER  OF FATHER  OF FATHER  (State or country)  Out / Cross  OF FATHER  (State or country)	(Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from Violance Causes, state (1) Means of Injury; and (2) whether According to the cause of th
ENTS (g)	General nature of industry, siness, or establishment in Confice employed (or employer)  IRTHPLACE State or country)  10 NAME OF FATHER Dank / Linear  11 BIRTHPLACE	Contributory (Secondary)  (Signed)
PARENTS (9)	deneral nature of industry, siness, or establishment in lich employed (or employer)  IRTHPLACE State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OMA   Linear  13 BIRTHPLACE	(Signed)

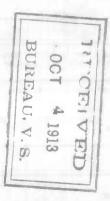


[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should he taken to report specifically the occupations duties of the household only (not pald Housekeepers scation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Measles (disease causing death), 29 ds.; affection need not he stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senife." etc.), "Dropsy," ... (name origin; "Oan-State cause for "Exhaustion," Examples:



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS of Defending the property classified. Exact statement of OCCUPA	RECORD	PHYSICIANS Phould state
N. B.—Every CAUSE	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS bould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on hock of carefulations.

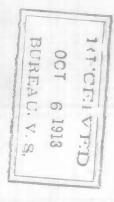
County 12150	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City by husting (No 380)	Foster are st:: Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, MUTULE OR DIVORCED (Write the word)  **DATE OF BIRTH    Splender 29, 1878 (Month) (Day) (Year)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HERESY CERTIFY, That I attended deceased from 1913, to
TAGE  3 4 yrs. // mos. 2 ds. or min.?	and that death occurred on the date stated above, at ### ### The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  Perturbase (State or country)  Manyland	(Duration) yrs mos 2 ds.  Contributory (Secondary)
OF FATHER Chas 6. Brown.  11 BIRTHPLACE OF FATHER (State or country) mary land.  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER	(Signed)
(State or country)  14 THE ABOVE (STRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  16  Filed  If more blanks are needed, address State Registration	of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence.  18 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  4 ADDRESS  4, G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. mine, etc. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever, (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar disease, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purrperal septicharcause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS Stree MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "('an The nature of the "Exhaustion," Never report Examples: For vio-



No. ŵ 1 PLACE OF DEATH

13alto. 12151	CERTIFICATE OF DEATH			
Gounty	Registration Dist. No. 34.30			
Village or City Sovans (No. Cole Donngland St.; Ward)  No. Cole Donngland St.; Ward)  Nangarit E. Casson  Ward of street and number.]				
TOLL NAME.				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Jemale white (Single, Married, Wilowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH  (Month)  (Day)  (Year)	Aug 14 , 1913, to Jeph 20 , 1913, that I last saw her allve on Jeph 17 h , 1913.			
7 AGE  8 mos. 5 ds. or min.?	and that death occurred on the date stated above, at			
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Jastro Julesteral Desturbance			
business, or establishment in which employed (or employer)	(Duration) yrs. 2 mos. ds.			
9 BIRTHPLACE (State or country) Baltimore Co,	Contributory (Secondary) (Duration) yrs mos ds.			
10 NAME OF Robt. Casson	(Signed) E. M. D			
11 BIRTHPLACE OF FATHER (State or country) Balto. Co.	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-			
of MOTHER Margaret Horlin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS			
13 BIRTHPLACE OF MOTHER (State or country) LEMMAN	OR RECENT RESIDENTS) At place in the of death yrs, mos ds			
(Informant) Nobt Casson	Where was disease contracted, it not at place of death?  Former or usuai residence			
(Address) Cola opring dane +	Date of Burial Date of Burial Date of Burial Date of Burial 1913			
Filed Syl 191 Claud REGISTRAR	Edsva Wirdefeld . 2113 Friennt			
of more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.				

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should he taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT BINDING ciassified. properly ESERVE supplied. pe UNFADING may certifica 0 back ATH in plain instructions DEATI Jo OF mportant. CAUSE 02

state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.; Ward) a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF REATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary (Doration) 1D NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ..... yrs. .... mos. .... \_ ds. State ..... yrs. .... mos. Where was disease contracted. It not at place of death?. Former or (Informant) usual residence. 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH	STATE OF MARYLAND
1 Ball - 200 12153	CERTIFICATE OF DEATH
County	Registered No. 30
153	
Village or City Calvurle (No. 1)	Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME alice am	chave of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SENGLE, MARRIEO, WIDOWED, Lucy CO.	16 DATE OF DEATH  (Month)  (Day)  (Year)
France C WISOWED, France C ORDIVORCED (Write the word)	17   HEREBY CERTIFY, That I attended decessed from
GDATE OF BIRTH	1910 to 7 2 ,1913
(Month) (Day) (Year)	that/i last saw h alive on
7 AGE It LESS than	and that death occurred on the date stated above, at Om,
7 1 day,hrs. vrs. mos. ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION O	
(a) Trade, protession, or	tomorra 1
particular kind et work.  (b) General nature et industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mes. ds.
9 BIRTHPLACE	Contributory(Secondary)
(State or country) / Zall. County	(Deration) yrs mos s.
10 NAME OF Samuel Choney	(Signed) Signed, M. O.
O 11 BIRTHPLACE	7/4, 191.3, (Address) 72 / h-8. cm
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Lega Fall	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Elaura Lowdie'	It not at place of death?
153 le sentero Oris	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	of John low Paro Alls West 6 1943
early 11 a Marchano Quarte	20 UNDERTAKER ADDRESS
Filed Seff 2 1913 PREGISTRAR	Coursed U. Pue 6 Venton are
If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	Calonoble

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc.,

"Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples:



tate A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

1 PLACE OF DEATH

Village or City Low (No	St; Ward)  [If death occurred a hospital or Institution give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
For the second of the second o	16 DATE OF DEATH  Seft 2/, 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from Many 1, 1913, to Seft 2/, 1913.  that I last saw have allye on Seft 18, 1913.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Perthelace (State or country)	Gastin Intestinal Catarris  (Buration) yrs. #mos. ds  Contributory (Secondary)
10 NAME OF FATHER John Clayton  11 BIRTHPLACE OF FATHER Saltin Co. 2nd.  (State or country) Daltin Co. 2nd.  12 MAIDEN NAME Lian Burton  13 BIRTHPLACE OF MOTHER Saltin Co. 2nd.  (State or country) Baltin Co. 2nd.	(Signed)
(Address)  16  Filed Defet 12, 191 3 H. F. H. Ground  REGISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence.  19 place of Burial or Removal  Application 2 3, 191.3  20 undertaker  Application 3 4 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7

STATE OF MARYLAND

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the bousehold only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necmaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. mant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; cause for



-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN B. No. 1. N. B.

Co	PLACE OF DEATH 12155	STATE OF M CERTIFICATE	
00	05-11	Regist	ered No. 32
VII	lage or sity Minylen (No. 39 G.	Hoselland los wa	[If death occurred in a hospital or iostitutioo, give its NAME instead of sfreet and number.]
	* FULL NAME Sufant of 115, Cel	Many 16, 60 and	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	4 COLOR OR RACE MARRIEO, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  17  I HEREBY CERTIFY, The	(Day) (Year)
<sup>6</sup> DA	TE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h alive on	, 191,
7 AG	If LESS than   1 day,	and that death occurred on the date state.  The CAUSE OF DEATH* was as follows	
(a) 1 parti	CUPATION  Trade, protession, or  cular kind of work	5.60	
busin which	ess, or establishment in employed (or employer)	(Ouration)	
9 BIF (Sta	ATHPLACE (to or country) Baltimore Go.	Contributory (Secondary) (Doration)	
	TATHER ME G. Cookley	(Signed)	1004. N.D.
2 State or country) Ballo, City	*State the DISEASE CAUSING DEATH, o	r In deaths from Viorwan	
	of Mother May & Stone	CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITAL	
	13 BIRTHPLACE OF MOTHER (State or country)	At place lo the ot death yrs mos ds. State	
	ntormant) Mic Co Co Chilly	Where was disease contracted, It not at place of death?  Former or usual residence	**************************************
15	(Address) 3 9 6. Noodhome loe.	Soudon Park	DATE OF BURIAL
Filed	Sept, 2, 191 3 - Very a; Muy lor) REGISTRAR	C. D. Hugh	Phesville
	If more highly are needed, address State Parietre	r & E Franklin St Botto Population W.	N- 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as mine, etc. "Manager." "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerfenal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as wblch surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con thenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory "Senile." etc.), "Dropsy," "Exhaustion," (secondary or intercurrent) (name origin; "Can Examples: For vio-



N. B.

PLACE OF DEATH 12156	STATE OF MARYLAND
Barling ( Qn	CERTIFICATE OF DEATH
County	Registration Dist. No. 3/2
Village or City Lexael No. 110	St.; Ward)  St.; Ward)  Cally  [It'death occurred in a hospital or institution, give its MAME instead of street and number.]
FULL NAME Dalli Dux	-are an administra
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH Sept. 26, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH Jenil 1835	that I last saw he alive on Sept 26 1913.
7 AGE    Month   (Day) (Year)	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:  [Alty Degumen 14 44 orl
(a) Frade, profession, or particular klod of work	Labor Premiumica mos of ds.  Contributory Tetly High-
9 BIRTHPLACE (State or country) Pathynna	(Secondary)  abut (Beration) 2 yrs mos ds.  (Signed) Berentt Burly , M. D.
11 BIRTHPLACE OF FATHER (State or country)  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Sallie Text  13 BIRTHPLACE OF MOTHER (State or country)  Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds.
(Informant)	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Lexae Md  15 Filed Oct 3, 1913 St 13-57 18 Euson	Strongly Comments of Burial Suppl 29, 1913.  20 UNDERTAKER ADDRESS
REGISTRAR  If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

losis of lungs, meninges, peritonaeum, etc... pneumonia"); Lobar pneumonia; Bronchopncumonia fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup"); brospinai ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fovor (never report "Typhoid unqualified, is indefinite); Diphtheria (avoid use of Tubercu-Carcin-

> cause of death approved by Committee on Nomencia-"Contributory." ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory tetanus) (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," . (name origin; "Can-State cause for Examples:



T. S. No. 1.

4. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
tated EXACTLY. PI	Exact statement of	
AGE should be si	properly classified.	
carefully supplied.	so that it may be	of certificate.
I Information should be	EATH in plain terms, 1	important. See instructions on back of certificate.
I. BEvery Item of	CAUSE OF D	important. Se

	1615	Missely G	STATE OF MA CERTIFICATE O Registration Di	of DEATH st. No. 30
FULL NAME	Ylun Rachel	G. Cohes		
PERSONAL AND	STATISTICAL PARTICULA		MEDICAL CERTIFICATE OF	F DEATH
Jemale Wh	RORRACE SINGLE, MARRIED, WILDOWSED, ORDINORCED (Write the word	igli -	(Month)	28 , 1973 (Day) (Year)
6 DATE OF BIRTH	(Month) (Day)	1825	July 24 1902 to Suffernat I last saw here alive on Sufer	4-28, 1913,
7 AGE  8 OCCUPATION	s. // mos. /5 ds.	If LESS than	nd that death occurred on the date stated he CAUSE OF DEATH* was as follows:	above, at 3, 40 a.m.
(a) frade, profession, or particular kind of work(b) General nature of industry, business, or establishmeot in which employed (or employer)  9 BIRTHPLACE (State or country)			11 . 1	yrsds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Muluoure de Con		*State the Disease Causing Death, or, icauses, state (1) Means of Injury; and tal, Suicidal, or Homicidal.	In deaths from Viorana
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Mulliment			INSTITUTIONS, TRANSIENTS,  yrs, mos ds.
(Interment) (Address) (Address)	THE BEST OF MY KNOWL	len !	In the state of death?  ormer or sual residence 8/0 At Carel 19  PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Seff 28, 1915		REGISTRAR	OUNDERTAKER  OUNDERTAKER	ADDRESS Orchard

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcinosis

childbirth or miscarriage, as "PUTBPEBAL scptichaccause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin: "Can "Exhaustion," Never report Examples: For vio-



V. S. No. 1.

County Ballium Canny 12158	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Enter believe Wag Dieler (No. 1907).	a kospital or institution
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  Sefs., 1913.  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
Seft Day 1913 (Month) (Day) (Year)	that I last saw have allve on Seph 4 1913
TAGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5.30 mm. The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or parlicular kind of work	Contributory (Secondary)
10 NAME OF FATHER Charles W. Complies  11 BIRTHPLACE OF FATHER (State or country) Ballings City	(Signed) Howard Lo. Silver , M. D. Nife J. , 1913. (Address) 1914 Bollon St.
(State or country) Oallewon City  12 MAIDEN NAME OF MOTHER Clin M. Offley  13 BIRTHPLACE	*Stats the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country) Ballium Cup  14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Squature & Cup	At place of death yrs. mos, ds. State yrs, mos, ds  Where was disease contracted, It not at place of death? Former or usual residence.
(Address) 1937 E. Monument  15 Filed Sefet 5, 1913 W. F. Clayton.  REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  AND RESERVED ADDRESS  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acoloma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-For VIOd8.;



PLAGE OF DEATH 12159	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Village or City akeland (No. Orbei	Too Ore 18, Cost: Ward)  [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIEO, WIDOWED,	16 DATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY CERTIFY, That I attended deceased from  1 1913, to Dept 2, 1913,  that I last saw h 2 alive on Left 20, 1913.
7 AGE  1 t LESS than 1 day,hrs. 0 cmin.?	and that death occurred on the date stated above, at 9 a.m., The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  1	(Duration) Wyrs. 6 mos. ds.  Contributory (Secondary)  (Duration) yrs. mosfew ds.
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) alabe to the Best of My Knowledge  (Informant) Alabe B Sandes  (Address) Orbetton are Jakaland B.  Filed Apt 22 791 3 7 . H. Pull .  REGISTRAR	Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  OUGUS TARK Contract  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekecpers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing desired with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaeample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. etc. The contributory (secondary or intercurrent) oma. Sarcoma. etc., of .... tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Never report



PLACE OF DEATH [2][6]	STATE OF MARYLAND
County Paltimore	CERTIFICATE OF DEATH Registered No.
Village or City St Denis (No	St; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	18 DATE OF DEATH  Sept. 30, 1913  (Month) (Day) (Year)  17, I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH  26, 19/3 (Month) (Day) (Year)	Sept. 20, 1913, to Sept. 30, 1913, that I last saw he alive on Sept. 30, 1913
7 AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Frade, prefession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. / O ds.
9 BIRTHPLACE (State or country) Hyattoville, mal	(Secondary)  (Duration)  (Duration)  (Duration)  (Duration)
OF FATHER Benj. N. Crawford  11 BIRTHPLACE OF FATHER (State or country) Pallemore 12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER Halle R. Kraft  13 BIRTHPLACE OF MOTHER (State or country) Baltimore	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Mr Bey IV. Crawford	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Telay P.O.  Filed Oct. / 1913 7. HPull.  REGISTRAR	JUNDERTAGER  ON SOLICION SON REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS 3 9  ADDRESS 3 9  ON SOLICION SON REMOVAL  ADDRESS 3 9  ON SOLICION SON REMOVAL  ADDRESS 3 9
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coilapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of cause of death approved by Committee on Nomencladont; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. 4 S AGE should properly clas S THI INK supplied. pe UNFADING may carefully sug that it ma f certificate. 80 WITH terms, on back should PLAINLY, of inform.
DEATH in plain piain WRITE Item OF Every Item CAUSE OF Important.

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state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No It death occurred in a bospital or institution. give its NAME instead of afreet and number.] <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Day) (Month) (Year) If LESS than TAGE and that death occurred on the date stated above, at ... 1 day hes. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION phoid Jen-(a) Trade, protession, or particular kind of work (b) Beneral nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death State ..... yrs, \_\_\_\_ mos. ... \_\_\_\_ yrs. ..... mos. ..... ds. State or country Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

> such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Ohrowio cer" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-



### BINDING FOR RESERVED MARGIN

S. No.

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

12162

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..Ward)

[If death occurred in a hospital or institution, give its NAME instead

* FULL NAME Catherine Elesabety	t Dechluance of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeniale While (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
MONTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE  19 11 LESS than 1 day,	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work.  Housewife	This Diehlmange koo Letter on Sich of leek dressing + Sill
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Geast failer.
10 NAME OF FATHER ULLA.	(Signed) Frederich & Thursday Corporal  Signed 15 , 191 3. (Address) Cuturinile h
T BIRTHPLACE OF FATHER (State or country)  M  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the nt death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) Treclerch Deehlusuu	If not at place of death?————————————————————————————————————
(Address) Colonnylle Tugl  15 Filed Seft-15, 1913 marshall Burst REGISTAR	19 PLACE OF BURIAL OR REMOVAL  Julius Company 1917, 1913.  20 UNDERTAKER  ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE duties of the household only (not paid Housekcopers who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmaterial worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mally The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH 12163 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SING E. 16 DATE OF DEATH 4 COLOR OR RAGE widowed, ordivorded (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1838 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at //-1 day,.....hrs. The CAUSE OF DEATH\* was as follows OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Duration) O yrs C 10 NAME OF PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE State ... Where was disease contracted It not at place of death? usual residence. OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Lleward & Mowen

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Assepsis, tetanus) may be stated under the head, of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia ture of the American Medical Association.) cause of death approved by Committee on Nomenclais less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (secondary), 10 ds. "Exhaustlon," Never report For vio ds.



County Dellewere	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cealinswelle (No. Poru- 2FULL NAME Eleza Don	Registration Dist. No. 30  [It death occurred in a hospital or institution give its MAME losted of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  (MARRIED, WIDOWED, WIDOWED, WITH THE WORD)  1849	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  1913, to 1913  that I last saw half alive on 1913
7 AGE (Month) (Day) (Year)  7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 A m The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Many Country  **Man	Contributory (Secondary)  (Duration)  (Duration)  (Secondary)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER Cleyander Dovsey  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER OTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted.
(Informant) Company Constant C	it not at place of death?  Former or  usual residence  19 PLACE OF BURIAL OR REMOVANCE  DATE OF BURIAL
Filed Lift 3 1913 marshall B Wist-	20 un dertaker Address Address
Off more blanks are needed, address State Regis trar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. fleation, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Mousewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) sucb, If impossible to determine definitely. childbirth or miscarriage, as "Tuerperal schilchae by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrbage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 injury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DURLAU. V.S.

CERTIFICATE OF DEATH PHYSICIANS shoul Registered No Ili death occurred in a hospital or institution. RECORD give its NAME instead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day ...... hrs. OR ..... 7 properl BOCCUPATION AG (a) Trade, profession, or particular kind of work (b) General nature of Industry. be business, or establishment in may which employed (or employer) -----Contributory\_\_\_ certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 00 terms, n back 11 BIRTHPLAC ARENT (State or country) pinous \*State the Dismass Causing Dmath, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place in the OF MOTHER (State or country) of death ..... yrs. .... mos. .... DEATH State yrs, mos. ds. Where was disease contracted. If not at place of death? Every Item CAUSE OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAN 3204020 onne If more blanks are needed, address E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH 12165

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, .\s examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it in and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. etc., when a definite disease can he ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 6 1913
BUREAU. V. S.

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PHYSICIANS shou RECORD classified. properiy supplied. be may = of inform DEATH Item 10 Every Item CAUSE OF important.

certificate.

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instructions

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No..... Ilf death occurred in a hospital or institution, relye its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at ..... 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) ..... which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths' from CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden! 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ..... yrs, \_\_\_\_ mos, \_\_\_ ds of death ...... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? ... Former or usual residence. DATE OF BURIAL (Address). 15 If more blanks are needed, address State Registrar, 6 E. Wanklin &t. Salto., Requesting V. S. No

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, ctc., Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustiou,"



MARGIN RESERVED FOR BINDING

W. B. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT IS WRITE PLAINLY, WITH UNFADING INK-THIS N. B.-

PLACE OF DEATH 12167	STATE OF MARYLAND
1. Buch	CERTIFICATE OF DEATH
County 75000	Registration Dist. No. 44
Village or City Mase (No.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the WORD)	16 DANE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from
Sept 13 1913	Chr 22, 1913, to Vep & 3, 1915.
(Month) (Day) (Year)	that I last saw h Mis allve on Justin - 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
yrs. 0 mos. 10 ds. ORmio.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION  (a) Frade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in	(Duration) yrs mos ds
which employed (or employer)	Contributory (Secondary)
10. NAME OF FATHER Frank Figgins	(Signed) (Ueration) yrs mes ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	State the Disman Causing Dmath, or, in deaths from Violent
of Mother Vinil Fring	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It oot at place of death?
(Informant) Frank Figger	Former or
(Address) Chare Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept 23, 1918 JW/faccism REGISTRAR	20 UNDERTAKER ADDRESS
NEGISTHAR	VI VIIII

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industy; and therefore an of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-



cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.; "Exhaustion," Examples:

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Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS shou	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	
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RECORD

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STATE OF MARYLAND 1 PLACE OF DEATH 12168 CERTIFICATE OF DEATH County Registration Dist. No. [It death occurred to St.:....Ward) a hospital or institution, give its NAME lostead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) DRDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Day) (Year) (Month 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, or Chone particular kind of work... (b) General nature of Industry. business, or establishment lo (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos. ..... Where was disease contracted. 14 THE ABOVE IS TRUE OF MY KNOWLEDGE If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Bealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-drospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUNEAU, V. S.

Gounty Baltimere 12169	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 42
Village or City Mt Wingywo 2	St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME	Wyl
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Ahite 5 SINGLE, MARRIED, WIDGIED, ORNVORCED (WATER the WORD)	16 DATE OF DEATH SOME (Month) (Day) , 1913 (Year)
Sept 30 \$ 1913  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE   It LESS than 1 day hrs.   yrs.   mos.   ds.   OR   min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) MX Ninaus, Balto Ca Mid.	(Buration) yrs. mos. co.  Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME Q'/L 1 4/	(Signed) Chan, Hell Caroue 13 Spiritual M. D.  Sept 30, 1913 (Address) W. Manus That  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Ma Julge  13 BIRTHPLACE OF MOTHER (State or country) Irvington Ballo, Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Address) Are The BEST OF MY KNOWLEDGE (Informant) (Address)	Where was disease contracted, if not at place of death?  Former or usual residence
Filed Oct. 1, 1813 Dank Tr. Rubl REGISTRAR	Mount Zion Oct 1913.  20 UNDERTAKER JOHN 1729 W Pratt
If more highly are maded address State Devictor	A 11 11 11 11 11 11 11 11 11 11 11 11 11

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaccause of death approved by Committee on Nomenclaschsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples:



Village or City Fullertan Belair O	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single,  MARRIED.  WIDOWED  OR DIVORCES (Write the word)  B DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day  (Year)  1 HEREBY CERTIFY, That lattended deceased from
(Month) (Day (Year)	that I last saw here alive on Sept. 25, 1913
27 yrs mos 8 ds. or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	(Buration) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER JEVYSE W Chamberlain  11 BIRTHPLACE OF FATHER (State or country) Manyland  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Ouration) yrs mos ds.  (Signed) (N. D. ) (Signed) (N. D.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Informant) Mary a. Frichs	Where was disease contracted, It not at place of death?  Former or usual residence
16 Filed Sept 28 1915 Jak. Colony lave REGISTRAR	Holly Redeemer Eleveter Soft 29th, 1913. 20 UNDERFARER LESSOM Jaw Fullerton Ind.
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabil LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inauitlon," "Marasgeuital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion,"



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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. lif death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX WIDOWED, Ker (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day.....hrs. OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OF MOTHER (State or country) At place in the mos. ds. State Where was disease contracted. If not at place of death? usuai residence arrows loins DATE OF BURIAL 15 20 UNDERTAKER ADORESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or Indushy, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE minc, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-



cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puepperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purpresal scotichac-"Hart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of .... mere symptoms or terminal conditions, such as "As nant neopiasins); Measles; Whooping cough; Chronic is iess definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Sbock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senlle." etc.), (Recommendations on statement of may be stated under the head "Dropsy," \_ (name origin; "Can State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

G. C. MCORMICK, M.D.

SPARROWS PULL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

PLACE OF DEATH	STATE OF MARYLAND
B-A- 12172	CERTIFICATE OF DEATH
County Mallomore 1210	Registered No. 3
Village or City Towson. (No. No. No. No. No. No. No. Nebel	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeursle Colored Single, MARRIED, Supple (Write the Word)	16 DATE OF DEATH Sept. 4, 1913 (Month) (Day) (Year)
DATE OF BIRTH  (Mench) (Day) (Year)	July 20 th, 1913, to Sept 4 fr. 1913, that I last saw her allve on Sufet 1 dt , 1913
7 AGE   It LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 8,20 p, m, The GAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind et work  (b) General nature ef lodustry, business, or establishment lo which employed (or employer)  © BIRTHPLACE (State or country)	(Duration) yrs 2 mos ds.  Contributory (Secondary)  (Duration) yrs mos s.
O 11 BIRTHPLACE OFFATHER	(Signed) Address) Jonson, md
(State or country)//, Carolina  2 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, atate (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Town out.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) Rusa. Sallard.	it not at place et death?  Former or  usual residence.
(Address) Tous oy and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sys (, 191 ) Claus Smirk. REGISTRAR	for Prince Inv. ADDRESS
off more blanks are needed, address State Registr	rar, & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lifof persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers ncation, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations galufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum,

mia," "PUERPERAL peritonitis," ehildbirth or miscarriage, as "Purpreral septichaeture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dcnt; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS. OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencia. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

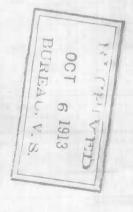
PLACE OF DEATH	STATE OF MARYLAND
County Baltimore 16113	CERTIFICATE OF DEATH  Registered No. 44
*FULL NAME Mrs. Engello Li	Castern (Ive St; Ward)  [It death occurred in a hospitat or lostitulion give its NAME lostead at street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 6 SINGLE, MARRIED, Married Widowed, Wrote the word)	16 DATE OF DEATH  Sept. 78, 1913  (Month) (Day) (Year)  17 O I HEREBY CERTIFY, That I attended deceased from
Solpt. 1869 (Month) (Day) (Year)	that I last saw her slive on Sept 26
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, st 10 2 m. The CAUSE OF BEATH * was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	for year hod trouble with stomoch carcinoma was Probably about one year) (Doration) Tyrs. mos. Co.
10 NAME OF FATHER ROSEVILLE Gange	(Signed) 1913 (Address) 506 E. Balting M.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME) OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds.  Where was disease contracted,
(Interment) Thomas Giordano	If not at place of death?  Former or usual residence.
15 Filed Left 29, 1913. A. B.M. Clandle Pagaist De 2	DATE OF BURIAL OR REMOVAL  Str. Vincento Com. Sept. 30, 191.3  20 UNDERTAKER  Silly & Zuler. 4038 Wolfels
If more blanks are needed, address State Registrar,	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical op-ation was undertaken. For vicmia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purpresal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



V. 8. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

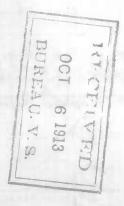
PLACE OF DEATH 12174	STATE OF MARYLAND CERTIFICATE OF DEATH
County Balto 16114	Registered No. 4
Village or City Hey blesidow (No. 381,0) 2 FULL NAME LUC'S CYCL	Clausmound St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Temale While Sangle, Wooden, Surje Wooden, Surje Wooden, Write the word)  8 DATE OF BIRTH  MARRIED, Wooden, Surje Wooden, Su	16 DATE OF DEATH Sep 21, 1913 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from Sep 2, 1913, to Sep 2, 1913.
(Month)         (Day)         (Year)           7 AGE         if LESS than           1 day,hrs.        hrs.	that I last saw h alive on
6 OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or astablishment in which amployed (or employer)	Condina aspluma  (Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country) Balto Ces	Contributory The culities (Secondary)  (Duration) yrs. / mos. ds.
TATHER  OUL COASOLUM  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER OF MOTHER	(Signed) , M. D.  Sub 22, 191 3 (Address) 23, 4 Escale 5  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER CHILL Selfs  13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Louis Anagaraphene	Where was disaase contracted, if not at place of death?
18 Filed Jept 2, 1913 J. Clairmountour	19 place of Burial OR REMOVAL DATE OF BURIAL Sept 22 , 191/3.  20 UNDERTAKER ADDRESS  2008 Grean's
At more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purpretal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-For vio-



1 PLACE OF DEATH

County Baltimore 12175	CERTIFICATE OF DEATH
Village or City Ellicott City (No.	Registered No
<sup>2</sup> FULL NAME MAGGIE TO	oss
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale Colored (Write the word)	16 DATE OF DEATH  SEAT  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH UNKnown, 1	Inat I last saw h & allyeon DEST 3 1913
(Month)         (Day)         (Year)           7 AGE         If LESS than           1 day,hrs.         0Rmin.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) Beneral nature of industry, business, or establishment in which amployed (or employer)	Intercular Pentonitis  (Ouration) yrs. 6 mos. os.
9 BIRTHPLACE (State or country) and Known	Contributory (Secondary)
10 NAME OF FATHER Centhrown	(Signed) / O / autou / Carl MO.
11 BIRTHPLACE OF FATHER  Z (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  UNICONS	*State the Dispass Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Culturown  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  of death
(Informant) for Friendles Caloued Children	Where was disease contracted, If not at place of death?  Former or  usual residence
Filed Seft & 1913 Marshall B Wish  REGISTRAR  The more blanks are needed, address State Registrar, 6	19 PLAGE OF BURIAL OR REMOVAL  MAS. oddfellow: Genriates
and distance and distance state neglistrar, 6	E. Franklin St., Balto., Kequesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Accidental drowning; Struck by railway train-accichildbirth or miscarriage, as "Purrperal septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Seniie," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

101 OF VED 001 8 1913 BUREAU, V. S.

V. S. No. 1.

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	m of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS s	
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3 SEX 8 DATE 7 AGE BOCCUF (a) Trade particular (b) Bener business, which em 9 BIRTH (State 10 PARENTS 111 (8 12 | 13 ; 14THE (Inform N. B.—Every item CAUSE OF Important. 15 Filed. S

1 PLACE OF DEAT	
Gounty Ballin	ore
Village or Gity Engli	el Cousul No.
	homas J. Hai
FILL NAME WZ	romas to our

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St; .....Ward)

[It death occurred in a hospital or institution, give its NAME instead at street and number.]

FULL NAME Thomas J. 10a	ce
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
le While (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
OF BIRTH  Afril 2H, 1842  (Month) (Day) (Year)	that I last saw hear alive on 24 22 1913
If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 3,30 a.m., The CAUSE OF DEATH* was as follows:  ALLIC DESCRIPTION
pation profession, or Actived farmer	
ral nature ot industry, or establishment in ployed (or empioyer)	(Duration) yrs. mos. ds.
PLACE OF COUNTRY) Ballo. Co. Md.	(Secondary)  (Duration) yrs. mos. ds.
NAME OF John Haile	(Signed) Jessus a Duft, M.D.
of FATHER State or country) Balto. Co. Mid.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF MOTHER Susan Slade	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
BIRTHPLACE OF MOTHER Bulto. Co. Md	At place In the of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted.
mant) Mrs. Shot fit all	It not at place of death?  Former or  usual residence.
(Address) English Consul (Baltolo	blustings give Compley Sefet 25, 1913
ept-24,1913 FH Rubl	Adde Bros Janua Green Ma
REGISTRAR	viale sou, your then my

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Ne. 1

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the DISTAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lowar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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Instructions

OCCUPATION

PHYSICIANS

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... lit death occurred in a hospital or jostitutico. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1833 (Day) (Year) (Month) if LESS than TAGE and that death occurred on the date stated above, at t day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 6 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) -----State or country) (Secondary) 10 NAME OF ARENTS OF FATHER (State or country) (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ mos. .... ds. Where was disease contracted. If not at place of death?... Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Ffanklin St., Balto., Requesting V. S. No. 1.

Hustry

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Index affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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0073 1918 DURENULV.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

Gounty Baltimore 12178	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Fullertan (No. Bela	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	W
3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
Male Mite Mondey Married ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw home alive on Sept. 20 1913
<sup>7</sup> AGE (Houter) (Day (Tear) (	and that death occurred on the date stated above, at 8.0. m.
53 yrs. 8 mos. 7 ds. 0R. min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (B) Garbour	Chrocia Meflerelis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory Extraustive
10 NAME OF Harman Harms	(Signed) H. H. Character M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Main Monther OF MONTHER  2 .	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
of MOTHER Matta hier	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Couroke	At place in the of death yrs mos ds. State yrs mos ds
(Informant) Mary L. Herry	Where was disease contracted, If not at place of death?  Former or
(Address Fullestone Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sight 23 191 M. A. Clay Town	20 UNDERWARER OF SOURCES ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerstatement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," If the occupation has As examples: "Foreman," (7)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ture of the American Medical Association.)

cause of death approved by Committee on Nomencla-

such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of

(Recommendations on statement of

"Contributory."



2.2 4 .

MARGIN RESERVED FOR BINDING

OCCUPATION IS PHYSICIANS RECORD Jo statement PERMANENT cisssifled. INX-THIS pe UNFADING may certificate. that 0 0 pe terms, on back pinous plain instructions = 0 Item 0 Every Item CAUSE OF Important.

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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No ... fif deeth occurred in e hospital or Institution. give its NAME insteed of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE 3 SEX WIDOWED. Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 69 (Year) (Month) 2,3 (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 14 1 dey ..... hrs. OR ..... ? BOCCUPATION (e) Trede, profession, or perticuler kind of work. (b) Benerel nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE in the At place OF MOTHER ..... yrs. ..... mos. ..... ds. State vrs. .... mos. Where was disease contracted. If not et piece of death? (Informent) usuel residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

more blanka are needed, address State I

has Fians + Some

No 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons "Foreman," (b)

Statement of cause of death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritongeum, etc.. Carcin-

childbirth or miscarriage, as "Pureperal septichaecer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head dent; Revolver scound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid—probably suicide. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-The nature of the State cause for Never report Examples:



RECORD	HYSICIAN of OCCUP
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP important. See Instructions on back of certificate.
IS A	iassified
K-THIS	AGE sho
ING IN	upplied. nay be pi
UNFAD	that it r
WITH	erms, so back of
LAINLY,	mation she in plain to
RITE P	of infor
3	N. B.—Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See Instructions on back of certificate.
	-

County Ballos  Village or City Broklysvilling had	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 5
	St; Ward) a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  9, 7, 19.13  (Month) (Day) (Year)	that I last saw h. aliye on 191
7 AGE (Month) (Day) (Year)  7 AGE if LESS than 1 day,hrs. 2 ds. QRmin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Pairthplace (State or country)  Acongle	(Duration) yrs. 0 mos 0 ds  Contributory 100 (Secondary)
10 NAME OF Grorge a Hedrick	(Signed) So Su Rend M. D.  (Signed) Address) So a policies and
11 BIRTHPLACE OF FATHER (State or country) / Ew howhed hed  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) By Shrumlle Lind  14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs
(Informant) Aleonge Hedrick	if not at place of death?  Former or usual residence
16 Filed St. 7 1913 Joyh ABaermi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Phishlop Deployable ond April 8, 1913  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the childbirth or miscarriage, as "Puepperal septichae-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic"), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:



1	PLACE OF DEATH 12181	STATE OF MARYLAND
Co	ounty 13 allumon	CERTIFICATE OF DEATH
		Registration Dist, No. 32
Vii	lage or City Mostope Revent 1	Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and 'number.]
	FULL NAME WWW. Orogen	vouva.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE SINGLE, Willow WIDOWYD, WIDOWYD, WIDOWYD, (Write the word)	16 DATE OF DEATH LEFT /2, 1913 (Month) (Day (Year)
6 D	ATE OF BIRTH June 10	I HEREBY CERTIFY, That I attended deceased from May 12 41 1913. to Sept 12 41 1913. that I last saw h. A. alive on Sept 1 1 1913.
T A Chr	GE If LESS than	and that death occurred on the date stated above, at 8 # - m  The CAUSE OF DEATH* was as follows:  Neurith - Demander
(a pa (b) bus wh	OCCUPATION ) Trade, profession, or profession, or profession, or profession, or profession, or profession profession, or profession profession, or establishment in profession profession profession, or establishment in profession profession, or establishment in profession profession, or prof	(Duration) Vrs. 2 mos/5 ds  Contributory Pul-Congestion-Meningilis
	10 NAME OF FATHER FIX COLLEGE	(Duration) O yrs O mos 7 ds
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Virginia  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) NOT Known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death of yes. 2 mos. 0 ds. State 24 yes. 2 mos. 0 ds.
	(Informant) Records MHHOME Remail	Where was disease contracted Balman Med if not at piace of death?  Former or usual residence.
16 Fii	ied left 14 1th 3 F. & Flancier	Dallymon Ma Date of Burial Dallymon Ma Date of Burial Dallymon Ma Date of Burial Dallymon 191
	REGISTRAR	trar, & E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-For many occupations a single word or term on the he nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Revolver wound of head-homicide; Poisoned tetanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," .. (name origin; "Can-"Exhaustion," Never report cause for For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 12182	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Subtinuent	Registration Dist. No. 14
Village or City Sex low rille (No. ,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH  (Month)  (Day  (Year)	that I last saw him allve on Dent 25, 1913
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at 2 Soft m
yrs 20 mos / S ds. OR mln.?	The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) No yrs, No Jmos. 7 ds.
9 BIRTHPLACE (State or country)  10 NAME OF	Secondary (Duration) yrs mos ds.
FATHER Sward Boffman  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Summer of the second of t	Where was disease contracted, It not at place of death?  Former or usual residence
(Address) The Valle Filed Shot 27191.3 F. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write Wonc. cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tubereutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Inmor" for malig-LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or interenrent) "Dropsy," "Exhanstion," State cause for Never report



should state	County Militaries 12183	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 90
RECORD PHYSICIANS SH of OCCUPATIO	Village or Gity Tark Fore (No. ) 2 FULL NAME Lydia Pauline	St; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
H . 5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NDING PERMANEN tated Exact stateme	Female White (Write the word) Lugle  S DATE OF BIRTH  SUMMER 14 1913	16 DATE OF DEATH  (Month) (Day) (Year)  17 HEREBY CERTIFY, That I attended deceased from 8 auc. Sept. 6. 1913, to 4 P.W. Sept. 6. 1913.
THIS IS A GE should be st	7 AGE It LESS than	and that I last saw h
SERVED ADING INK. Iy supplied. A It may be pro	particular kind of work  (b) General nature of industry, business, or establishment in which employed (or empleyer)  BIRTHPLACE (State or country)	(Duration) yrs mos / t3.  Contributory (Secondary)
ARGIN R Y, WITH UN should be careft terms, so, that on back of cert	10 NAME OF FATHER COUNTY)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Signed)
WRITE PLAINL item of information it of DEATH in plain ant. See instructions	13 BIRTHPLACE OF MOTHER (State or country) Perefer Michael Constitution of the Best of My Knowledge  (Informant) Wall of the Best of My Knowledge	At place Institutions, Transients, or Recent Residents) At place Is the lot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death?  Former or usual residence.
W. B. No. 1. W. N. B.—Every Item CAUSE OF	16 -01 1 010 11/1201-	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  REPART 1917  ADDRESS  B. Franklin St. Ralto Paquesting V. S. No. 3

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcinosis

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may he stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. childbirth or miscarriage, as "Tuesperal septichaeetc., when a definite disease can he ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) The contributory "Old Age," "Shock." "Uraemia," "Weakness," Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds. State cause for Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	1
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state

1 PLACE OF DEATH STATE OF MARYLAND 12184 CERTIFICATE OF DEATH Dallimore Registration Dist. No... Ilf death occurred in .. Ward a hospital or lostitution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WICOWED. (Day ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY. That I attended deceased from 03 (Month) (Day (Year) 7 AGE It LESS than f day ..... hrs. The CAUSE OF DEATH \* Was OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) .. which employed (or employer) ..... 9 BIRTHPLACE Contributory. (State or country) ano 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 1913... (Address) A. OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_ yrs. \_\_\_ mos. 23 ds. State ..... yrs, \_\_\_\_ ds mann Where was disease contracted. If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U, S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits cau be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebyospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid, probably suicide. The nature of the injury, as fracting of skull, and consequences (e.g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpenal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory" (Recommendations on statement of sepsis, tetanus) dent; Revolver, wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) may be stated under State cause for the head Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DOT 2 1913
BUREAU, V.S.

W. B. No. 1.

ate	2ry	
d st	S V	1
N.BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	1
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12185

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

0	ounty	Registration Dist	No 30
٧		St.; Ward)	[It death occorred to a hospital or lostitution, give its NAME lostead of street and oumber.]
	* FULL NAME Harries - many to	exec.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
- 7	levole 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That I a	(Day), 1913.
S D	ATE OF BIRTH		
	(Month) (Day) (Year)	that I last saw h alive on	9-450
A	60 yrs. 8 mos. 23 ds. 17 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH was a follows:	
pa (b) bus wh	OCCUPATION ) Frade, profession, nr rticular kind of work	Law foursehold dutes of fet Clad, (Duration) Contributory Heart Failer	yrs. mos. ds.
(8	HATHPLACE (tate or country) London England	(Secondary)	yrsds.
10 NAME OF FATHER Francis Thiff		(Signed) Frederick L. Jahend Sept 13 4, 1913 (Address) Calor	orf loverner
L	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and	deaths from Viny num
PAR	of MOTHER WALL	18 LENGTH OF RESIDENCE (FOR HOSPITALS. IN	
	13 BIRTHPLACE OF MOTHER (State or country)  Eupland	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State	yrs, ds.
	(Informant). Ed. H. Holden	Where was disease contracted, it not at place of death?  Former or usual residence.	
5	(Address) Cotounylle ma	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FII	led Seft 14, 1913 marshall BWS.	20 UNDERTAKER JOS B COOR.	ADDRESS Balto St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: But in many For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divers the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcinosts of lungs, meninges, peritonacum, etc.. Carcinoscia

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ter" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of . nant neopiasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples: For viod8.;



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Cor	inte Callinine	CERTIFICATE OF DEATH
Viii	age or Gity lectorsville (No Hrung	Registration Dist. No. 30  Rese State Hapter: Ward)  Registration Dist. No. 30  [If death occurred in a hospital or institution,
	FULL NAME Delia Hui	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE Fr	4 COLOR OR RAGE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DA	(Month) (Day (Year)	that I last saw h Wallve on Jest 22 4 191
TAG		and that death occurred on the date stated above, at  The CAUSE OF DEATH* was as lollows:
(a) par	Trade, profession, or clicular kind of work.  General nature of industry,	Pulmman Duberculosis
busi	ness, or establishment in ch employed (or employer)	(Duration) yrs O mos
9 81	RTHPLACE (State or country) Seland.	Contributory Secondary  (Doration) Syrs mos
	10 NAME OF Patrick Hugley	(Signed) Prophers M.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLE
PARE	of MOTHER Hay Maroney	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(	Informant) 309 h. Brd 10 N. C.E.	19 PLACE OF BURIAROR REMOVAL DATE OF BURIAL
15	(Address)	Holy Gross SRAE 24,181.
File	10 Seff 23, 1913 Marshall 18 Wift	GRAPHER SERVICE SERVICE IN THE SERVICE

If more blanks are needed, address State Registrar, 6 E. franklyn St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Forcman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illfication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer (retired 6 yis.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of langs, meninges, peritonaeum, etc., Carcin-

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	RECORD	PHYSICIANS should state of OCCUPATION IS yery
T. B. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		2

PLACE OF DEATH 12188	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or On Buglish Cousul Betate	[It death occurred to
Village or Qit Duglish Cousal Rollace,	St.; Ward) a hospital or institution,
000 11/	give its NAME instead of street and number. 3
* FULL NAME Clivest . J. Jyys	ou fr
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Sept 20
MIDOWED, Buckle.	(Month) (Day) (Year)
of the word)	17) I HEREBY CERTIFY, That Lattended deceased from
6 DATE OF BIRTH	Nept 21, 1913, to Sept 23, 1913,
(Month) (Pay) (Year)	that I last ssw han alive on Rept 23 1913
7 AGE than	and that death occurred on the date stated above, at 9302 m.
1 6ay,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	June De tota
OCCUPATION (a) Trade, protession, ar	and though
particular kind of work.	
(b) General nature of industry, business, or establishment in	(8 - 8 - )
which employed (or employer)	acute neplyale & myocan
9 BIRTHPLACE (State or country)	(Secondary) deti with heart block
Hallmore	Dyration) yrs mos 4 ds.
10 NAME OF FATHER COLD 10 AL	(Signed) Meslifte D. M. D.
albert Joysow.	9/21/ 2 / 11/19 I. P. A
11 BIRTHPLACE OFFATHER (State or country)	, 191 (Address)
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) Baltimase  12 MAIDEN NAME OF MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 BIRTHPLACE OF FATHER (State or country) Baltimase  12 MAIDEN NAME OF MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  19 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MO	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) (Saltunor).	ot death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Oda M. Stoly asocy	Former or
8 0000 084	usual residence
(Address) Coursel Collade	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Couloc 2 2 1 410-1	Dallinore Ceju Slett. 77, 1913.
Filed of 1913 Dank I July	20 UNDERTAKER MODRESS
REGISTRAR	will coop. Sons forch.
ir more Diamas are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foremant, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

"Collapse." "Coma," "Convultions," "Debility" ("Conchildbirth or miscarriage, as "Puerperal scotichac sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. usut neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of etc. (name origin; "Can State cause for Never report Examples:



PLACE OF DEATH  Gounty Baltmin  Village or City Hullsur  2FULL NAME MA	12159 (15) ele (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
timole Cold	MARRIED Aryncul ORDENORSED (Witte the word)	16 DATE OF DEATH  (Month) (Day (Year)  17   HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH		
Seft 11 (Month)	(Day (Year)	that I last saw her alive on Sept 19, 1913
**OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	1	and that death occurred on the date stated above, at
which employed (or employer)  9 BIRTHPLACE (State or country)  Woshin	ylm D. C.	Contributory Extraustion Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  C. C	Enson Robinson	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST ( (informanf)	Jackson	Af place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if nof at place of death? Former or usual residence
(Address)	He, Pull- REGISTRAR needed, address State Regi	DATE OF BURIAL OR REMOVAL  M. W. W. W. J. 191.  20 UNDERTAKER  20 UNDERTAKER  322 Presture.  Strar & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," ctc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

Statement of causa of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Canchildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla ".Contributory." sepsis, tetanus) may be stated under the head by earbolic acid-probably snicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonilis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED V. S. No. 1.

PLACE OF DEATH SAME	12190
Relling to tagy	CERTIFICATE OF DEATH
County Coling Co	much
	Registration Dist. No. 38
Village or City (No. (No. )  2FULL NAME See King	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
male chned wrower,	
ORDIVERTO (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
my 3' 1000	
7 AGE (Month) (Day (Year)	that I last saw h alive on, 191
II TE22 IUSU	and that death occurred on the date stated above, at
yrs mos S ds. OR min.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION	2xtouti
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry.	0
business, or establishment in which employed (or employer)	(Duration) yrs mos ds
	Contributory Lelmonary Althous
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs 6 mos plas
FATHER Confirm	(Signed) Land Some Chill
11 BIRTHPLACE	Sept ( 1913 (Address) Samalle
Z OF FATHER (State or country)	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Luft  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
6 10/- 0	If not at place of death?
(Informant)	Former or usual residence
(Address) Gorans und.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	alun Harine Serrie
Filed Sept 16 191 3 Claud Smurk	20 UNDERTAKES ADDRESS
REGISTRAR	John Borns from and
If more blanks are needed, address State Regist	ray, 6 E. Franklin St., Balto, Requesting V S Vo.

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



V. S. No. 1.

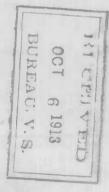
	PLACE OF DEATH 12191	STATE OF MARYLAND
Co	unty Ballimore	CERTIFICATE OF DEATH
-	00:11	Registration Dist. No. 4
Vill	age or City Huy and (No. 204	St.; Ward) [If death occurred lo a hospital or institution,
	D. 00;	give its NAME instead of street and number.
	2FULL NAME TILLIAM	Kilgman ut street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Memale Harry Server of Wilder the word	16 DATE OF DEATH Le 2 64 , 1913 (Year)
3 D	ATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
	Jan. 10th 1906	
TAG	(Month) (Day (Year)	that I last saw hold alive on 5 191 3
	\$ 8 16 1 day,hrs.	and that death occurred on the date stated above, at
80	CCUPATION MOS ds.   OR min. ?	
(a)	Trade, profession, or Athorne Citicular kind of work	D'Carlet d'enor Malquort
(b)	General nature of Industry,	
whi	ness, or establishment in ch employed (or employer)	(Duration) yrsmos,ds.
<sup>9</sup> BI	RTHPLACE (State or country) Marshand	Gontributory Secondary
	10 NAME OF FATHER	(Signed) (Ouration) yrs mos ds.
ITS	11 BIRTHPLACE OF FATHER	20176, 191 (Address) 100 & Patt Pokus
PARENTS	(State or country) Humany	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	of MOTHER Guardine of half	
	13 BIRTHPLACE	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place
4 -	OF MOTHER (State or country) Hunany	of death yrs mos ds. State yrs mos ds Where was disease contracted.
'	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
- 1	(Intermant)	usual residence
	(Address) 109 de CONTAIN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FII	of left 26, 1913, ADS M. Ganalo	201 PIDE BAKER ADDRESS ADDRESS ADDRESS
	If more blanks are needed, address tale regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	The state of the s	o 2. Transmir Db, Datto., Requesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illfication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when needed. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS Stide MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of Never report For vio-



1 PLACE OF DEATH

12192

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

CERTIFICATE OF DEATH (Month) attended depeased from

1915

and that death occurred on the date stated above, at The CAUSE OF BEATH \* was as follows:

(Duration) yrs mos P ds.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLET CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

OR RECENT RESIDENCE	CE (FOR HOSPITALS, INSTITUTION	S, TRANSIENTS
At place	In the	
of death yrs mos.	ds. State yrs.	mos de

OF BURLAL OR REMOVAL

If more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTEAR

m

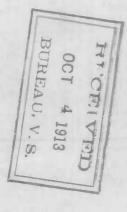
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[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

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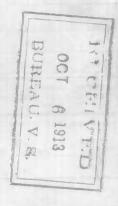
		PLACE OF DEATH 12193	STATE OF MARYLAND
	state	Balti	CERTIFICATE OF DEATH
		County Naturnou	Registered No.
	AS sho	Village or City Canton (No. 1508	S. First St; Ward) [It death occurred in a hospital or Institution,
PECOBD.	PHYSICIANS should of OCCUPATION IS	* FULL NAME Infant of Hat	te Hornerth give its NAME instead of street and oumber.]
	_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH .
O N IO	KACTLY.	Male While Sangue, windower, windower, windower, windower, windower, with the word)	16 DATE OF DEATH Sept. (2, 1913) (Month) (Day) (Year)
VIO Z	I S X	6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from, 191, 191, 191,
E 4	. 3	(Month) (Day) (Year)	that I last saw h allye on
S IS	Ple	7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10 Am. The CAUSE OF DEATH* was as follows:
P. F.		BOCCUPATION MOS. ds. ORmin. ?	C
0 1	AG	(a) Trade, profession, or Power Powe	of Opperusion
RVE	be be	(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. co.
FADIN	rily supplied in the state.	9 BIRTHPLACE (State or country) Maryland,	Gontributory (Secondary)
Z	carefo tha	10 NAME OF UNKnown	(Signed) A Contain wrs. mos. ds. (Signed) A Contain March Ma
RG!!	uld be rms, back	2 OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
MAM	48 0	of Mother ale Komerto	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTED
PLAI	ormat H in structi	13 BIRTHPLACE OF MOTHER (State or country) Manyland,	At place In the of death yrs mos ds. State yrs, mos ds.
WRITE	of I DE/	intermant Mare Howerth	Where was disease contracted, If not at place of death? Former or
*		(Address) 150 9 S. Frist Sh.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
No. 1	CAUSE (Important	File Left B. 1913 D. & M. Clanahan	Dehrartis Cemeter Sept. 3, 1913 20 UNDERTAKER ADDRESS
eć N	N. B.	REGISTRAN	gulelet Sinkler 1739 & Eager St. 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		The state of the s	w. Dramettu Bt., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. it should be used only when needed. As examples: essary to know For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, mcninges, peritonacum, etc.. Carcinosis of lungs, mcninges, peritonacum, etc..

mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purrenal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for mally cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Harase," "Haemorrhage," "Inanition," "Marase genital," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis pant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



PHYSICIANS RECORD PERMANENT H INX supplied. FADING should of Information DEATH in plain OF DE

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED (Month) ORDIVDRCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .... 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. .... mos. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. 19 PLACE OF BURAL OR REMOVAL DATE OF BURIAL 15 200 NDERTAKER ADDRES If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "I'ureperal scottchaeinus," "Old Age," "Shock." "Traemia," "Weakness," genital," "Senile." etc.), ture of the American Medical Association) "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing nant neoplacins); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for Examples: 0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

And .



PLACE OF DEATH 12195  County Baltimere  Village or City Jardewillen Bour  *FULL NAME Milliam & Fin	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sangle, Married, Widowed, Widowed, Or Divorced (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from
9 7 ,19/2	1913, to 1912,
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,hrs.   ORmio. ?	and that death occurred on the date stated above, at 2350cm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry,	Cara to parties
business, or establishment in which employed (or employer)	(Ouration) mos. ds.
9 BIRTHPLACE (State or country) Manyland	Contributory (Secondary)  (Deration) yrs mos ds.
10 NAME OF John & Venause	(Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER Christina Millippe  13 BIRTHPLACE OF MOTHER (State or country) Many land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrs mos ds. State yrs, mos ds.  Where was disease contracted, If not at place of death?
(Informant) 1000001 No. 100000000	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sefet 27, 1913. W. F. Polayton REGISTRAR	Dennisolem Complex Self 28 4, 1913. Des undertaker Say Fallerton Med
Off more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an first fine will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Houscwife, Houscwork, or At Home, and children, not who receive a definite essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," salary), may be entered as As examples: For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. pneumonla"); Lobar term for the same disease. time and causation), using always the same accepted causing draft (the primary affection with respect to brospinal ("Pneumonla," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fcvcr (never report "Typhoid unqualified, is indefinite); pneumonia; Bronchopneumonia Examples: Cerebrospinal Tubereu-Carcin-

> chlidbirth or miscarriage, as "Purpreral septichaesuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." "Collapse." "Coma," "Convulsions," "Debility" ("Connant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

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Vi	illage or City Morrell Park, 1:	8 Wisting R
	d'	unnamed -
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
3 SE	4 COLOR OR RACE SINGLE, MARTIEO, WIDOWED, ORD/VORCED (Write-the word)	16 DATE OF DEATH
8 D/	ATE OF BIRTH SURX 28# 1913	19
7 A C	(Month) (Day) (Year)	and that death occurred or
	CCUPATION ) Trade, profession, or cliquiar kind of work	afliquand and surappear
par	rticular kind of work	
busi	General nature of industry, iness, or establishment in Mone	
busi	General nature of industry, iness, or establishment in ich employed (or employer)	Contributory(Secondary)
busi	General nature of industry, iness, or establishmen1 in None ich employed (or employer)	Contributory (Secondary)
busi whi 9 BI (St	General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  Balto, Co, Md,	(Signed) Line (Signed) (Signed
busi whi 9 BI (Si	General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  10 NAME OF FATHER  Tred. Luiss  11 BIRTHPLACE	(Signed) (Si
ARENTS ide	General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER FATHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 Jermany  17 MOTHER (State or country)  18 Jermany  19 Jermany  10 MOTHER (State or country)	(Signed)  (Signe
PARENTS ign	General nature of industry, iness, or establishment in Ich employed (or employer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Sophia Sulster  13 BIRTHPLACE	(Signed)  (Signe
PARENTS ign	General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER FATHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  Sermany  THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	(Signed)  (Signe

It more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

19107

1 PLACE OF DEATH

STATE OF MARYLAND CATE OF DEATH

stration Dist, No

.Ward)

[If death occurred in a hospitat or institution, give its NAME Instead ot street and number.]

MEDICAL CERT	IFICATE OF	DEATH
16 DATE OF DEATH	(Month)	28, 191/s (Day) (Year)
17 I HEREBY CERT		attended deceased from
191,	to	, 191
hat I last saw h allve on.	**************	, 191
and that death occurred on the	date stated	above, at ///00 m
The CAUSE OF DEATH* was a	lue to	
and Junapped as	ul.	med,
(	Duration)	
Contributory	(Duration)	yrs mos de 13 Statiet M. 1 Vinaus, Jaid
*State the DISEASE CAUSING CAUSES, state (1) MEANS OF 1 TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or, I	n deaths from Violent (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR RECENT RESIDENTS) At place of death	in the	
Former or usual residence	******************************	******
19 PLACE OF BURIAL OR REM.	OVAL	DATE OF BURIAL 844 29 4, 1913
20 UNDERTAKER		ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

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Every item of information should be carefully supplied. AGE should be signated of DEATH in plain terms, so that it may be properly classified.

WITH

MARGIN

S. No.

N. B.-

certificate.

Important. See instructions on back of



#### Exact statement of OCCUPATION is very served as the control occupancy of the control occupancy of the control occupancy occupancy of the control occupancy occupancy

, PLACE OF DEATH

Baltimon

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4

Vil	2FULL NAME UVIL X	st.; Ward)	a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3 5	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (I	27, 1913. Day (Year)
6 D	4 27 , 19/3 (Month) (Day (Year)	that I last saw h slive on	[9]
7 A	It LESS than   1 day,hrs.   ORmln. ?	The CAUSE OF DEATH* was so follows:	
(a) pa (b) bus whi	CCUPATION ) Trade, profession, or ricular kind of work	consid by fall	0
9 B	(State or country)  Who winous Botto Co  10 NAME OF	Contributory Secondary (Buration)	rsdsds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Mil-  12 MAIDEN NAME		deaths from VIOLENT
14 -	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State Where was disease contracted, it not at place of death? Former or usual residence.	yrs, ds
16 Fi	(Address)	in yord - Se	ATE OF BURIAL

REGISTHAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manage" "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or mlscarrlage as "Puerperal septichuc etc., when a definite disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF MINICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-



Y. S. No. 1. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

7/1/00/	STATE OF MARYLAND CERTIFICATE OF DEAT
County fellicrone	Registered No.
Village or City aling Towns 40	everstonal st; Ward) [If der a hospita
FULL NAME Maria Jam	Zasar give lis
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fuccale White (Write the word) Macie	18 DATE OF DEATH  (Month)  (Day)  17  I HEREBY CERTIFY, That I strended dec
G DATE OF BIRTH Left 3 (Month) (Day) (Tear)	that I last saw har alive on feft 26
80 yrs. 0 mos. 2d ds. ormin.?	and that death occurred on the date stated shove, st
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	the infinite of
business, or establishment in which employed (or employer)	Contributory (Secondary)
10 NAME OF Bery: F. & bough	(Signed) (Signed) yrs m
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) He cory land,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS)  At place In the of death yrs, ms, ds, State yrs, m
14 THE ABOVE IS THE E TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 1018 11. 38 h St. Maclo 6	It marrie Hampde the
	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, duties of the bousehold only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulwbo have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing different of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purerenal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ture of the American Medicai Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver round of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrbage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms) : Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Nivays qualify ail diseases resuiting from "Senile." etc.), (Recommendations on statement of "Dropsy," (name origin; "Can The nature of the "Exhaustion," Examples:



BINDING FOR MARGIN RESERVED

V. S. No. 1.

	ould state N is very
RECORD	PHYSICIANS SHOOF COCCUPATION
WRITE PLAINLY, WITH UNFADING INA-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	N. B.—Every Itel CAUSE C Important

Goi	PLACE OF DEATH Unity Baltimore 12200	STATE OF MARYLAND CERTIFICATE OF DEATH
Viti	Parklow (No. 2006) 2 FULL NAME Mary a. Luca	Registration Dist. No. S. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	** **COLOR OR RACE SINGLE,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 9,191.5 (Month) (Day (Year)
7 A (	ATE OF BIRTH  (Month)  (Day  (Year)  (Year)	that I last saw has allve on Sept 4 the 1913 and that death occurred on the date stated above; at 7,30P, m The CAUSE OF DEATH* was as follows:
(b) busi whi	Trade, profession, or flouds, or flouds kind of work.  General nature of Industry, siness, or establishment in lich employed (or employer)  IRTHPLACE (State or country)  Maryland	Contributory Old Og Secondary  (Duration) / 2 yrs. 2 mos. ds
ARENTS	11 BIRTHPLACE OF FATHER  State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death
	(Informant) Invent & Mobillough  (Address) Freelands Md.	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Middlypm Comply  20 UNDERTAKER  Lang Shipled  844 West 3684

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of Mings, meninges, peritonacum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds., the head cause for



V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND	
	. (Balto.	CERTIFICATE OF DEATH	
Co	unty()(WW	Registration Dist. No. 33	
Vil	liage or City (No. 48160	ark Heightest (Ward) [If death occurred to a hospital or institution,	
	2FULL NAME Lavid Co.	give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
35	Nale White (Write the word)	16 DATE OF DEATH Soft (Month) (Day (Year)	
4		I HEREBY CERTIFY, That I attended deceased from	
0 D	ATE OF BIRTH Color 10 21 . 865	1913 to Sf (0 , 1913 ,	
	(Month) (Day (Year)	that I last saw have alive on Deff 10 1919	
7 A	11 5500 111011	and that death occurred on the date stated above, at South m,	
	57 yrs 4 mos 2 ds. 1 day,hrs.	The CAUSE OF DEATH* was as follows:	
80	OCCUPATION O 1	Cirtais Sclerosis	
	articular kind of work. Contract agent.		
(b)	) General nature of Industry,		
	siness, or establishment in lich employed (or employer)	(Duration) — yrs. — mos. — ds.	
98	(State or country) York Pa	Secondary (Ouration) yrs mos ds.	
	10 NAME OF Laved J. M. Graw.	(Signed) Dand Sheets, M. O.	
TS	11 BIRTHPLACE OF FATHER ON COLA A ON COLA	1914 (Address) 7/2 Naycan	
PARENTS	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Bala.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs	
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Informant) The Genevie In Graw	if not at place of death?	
	(Address) 48 16 Vark Heights live.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15 FI	100 Deff. /2, 1916 Mm & Pouce	20 UNDERTAKER ADDRESS	
	REGISTRAR	has to wais son 118 word Royal the	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

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[Approved by U. S. Census and American Public Health Association.]

Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberencessis of lungs, meninges, peritonaeum, etc., Carein-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciis iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of etc. State cause for FOr VIO-



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Very should is OCCUPATION PHYSICIANS RECORD Jo statement PERMANENT EXACTLY. Exact classified. 4 15 INK-THIS properly AGE supplied. UNFADING may certificate. carefully that It jo PLAINLY, WITH pe n terms, a should See instructions of information DEATH WRITE Every item CAUSE OF Important. 10 ż

Ounty Baltimore  Village or City Grunos (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  MARRIED, Married  Write the word)  TAGE  MONTH  MARRIED, Married  (Write the word)  TAGE  MONTH  MARRIED, Married  (Write the word)  TAGE  MONTH  MARRIED, Married  (Write the word)  TAGE  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MARRIED, Married  MARRIED, Mar	16 DATE OF DEATH  Solution (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191.3, to Select. 30, 191.3, that I last saw here alive on Select. 30, 191.3, and that death occurred on the date stated above, at fight, m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Duration) yrs mos ds.  (Signed) (Signe

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

OF MY KNOWLEDGE

15 RESISTRAR UNDERTAKER

..... yrs. .....

Where was disease contracted,

If not at place of death?

usual residence

.. mos.

18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

\_ ds.

in the

State ..... yrs, \_\_\_\_

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

of death

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsuits can be known. The question who have no occupation whatever, write None. been changed or given np on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberenlessis of lungs, meninges, peritonaeum, etc., Carcinlessis of lungs, meninges, peritonaeum, etc.,

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	unty 6	CE OF DEATH Salting	12203	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 44		
Village or Chy Middle Rivers., 2 FULL NAME Maggie Ma				st; Wa	rd) [if death occurred in a hospital or institution give its NAME instead of street and number.]	
	PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 se	male	4 COLOR OR RACE	S SINGLE, MARRIED, Menrie Al WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  17  I HEREBY CERTIFY, The	(Day), (Year)	
© DATE OF BIRTH  (Month) (Day) (Year)			(Day) (Year)	that I last saw h alive on	, 191,	
7 AG	E	64 yrs	If LESS than	and that death occurred on the date state.  The CAUSE OF DEATH* was as follows:	ed above, at 930 to m.	
(b) (busin whice	General nature o less, or establi	ork	wife	Contributory (Secondary)	yrs. mos. ds.	
	10 NAME OF FATHER	ACE Co	hnafay	(Signed) Frank Ju	yrs mos ds.	
ARENTS	OF FATHER (State or country) Jermany  12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
Δ.	13 BIRTHPLA OF MOTH (State or co	ACE GER OUNTRY) GEN	resure TOF MY MOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?		
(informant) Giving Market			narie River	Former or usual residence		
1 5 Filed	(Address)	7 ,1915 Jw.	Namia m O	20 UNDERTAKER AES De plus	Sept 19, 1913 ADDRESS Balk	
	lf m	joge blanks are needs	ed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No.	1.	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: But in many For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

127



childbirth or miscarriage, as "Puerperal septichaeinus," "Oid Age," "Shock," "Uraemia," "Wcakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for anlig oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For VIO

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12204

MERENEO CON BINDING

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for Wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciness of various pursults can be known. The question who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-It should be used only when necded. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indl-Women at home, who are engaged in the Never return "Lahorer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanttion," "Maras-"Collapse." "Coma," "Convulsions," "Debiilty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all gneations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUREAU V.S.

STATE OF MARYLAND CERTIFICATE OF DEATH CCUPATION IS Registered No. [If death occurred in hospital or institution. RECORD give its NAME instead of street and nomber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT SEX 4 COLOR OR RACE 18 DATE OF DEATH MARRIED. WIDOWED, (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) 7 AGE If LESS than 1 day ......hrs. The CAUSE OF BEATH \* was as follows: OR ..... 7 BOCCUPATION proper AGE INK-(a) Trade, profession, or Hone particular kind of work. (b) General nature of industry. pe business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 9 50 11 BIRTHPLACE ., 191.3.. (Address) terms, ARENT pinous OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 1 Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. EATH State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death?.. Jo a Former or OF Item usual residence. important. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS REGISTRES If more blanks are needed, address State 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12205

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, pertionacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver seound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailscause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJUSY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V. A.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

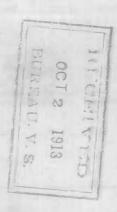
12206		
PLACE OF DEATH	STATE OF MARYLAND	
County Salts	CERTIFICATE OF DEATH	
County	Registration Dist. No. 4 ds	
Village or City Thorrell Gark (No. Tro	VET Species Ward [If death occurred in	
	a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
13 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, MARRIED, WIDOWED, WIDOWED, OR PHYSICAPPUR PROPERTY OF THE PROPERTY O	16 DATE OF DEATH Sold 13, 191	
Male Martt ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
DATE OF BIRTH	3 Muy 13, 1913, to Sept 13, 191	
(Month) (Day (Year)	that I last saw h ex alive on Selfol 10 ,191	
7 AGE If LESS th	and that death occurred on the date stated above, at SA m	
yrs 2 mos 22 ds, or min.	The CAUSE OF DEATH * was as tollows:	
8 OCCUPATION	- Pf	
(a) Trade, profession, or particular kind of work.	July July nels	
(b) General nature of Industry,		
business, or establishment in which employed (or employer)	(Duratien) yrs. mos. ds	
9 BIRTHPLACE (State or country)	Gontributory Jane	
10 many	(Duretion) yrs mos ds	
10 NAME OF THE FATHER THE STATE OF THE STATE	Je Janis, 11	
11 BIRTHPLACE	Sept 13, 191 3 (Address) Musell Vack 14	
Z OF FATHER (State or country) ( Trunais		
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  QUITT FERCE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE 4	JELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)	
OF MOTHER (State or country) Fermany	At place In the of death yrs, mos, ds. State yrs, mos, ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) dans a duchs	Former or	
13 m Sarrent St	usual residence	
(Address V 30 2 See, guilly	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16 SULTIU 3 12 DEP 10	1910	
Filed 1910 Registran	Robb J Jumes 1442 1 B	
	egistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	
	or and the state of the state o	

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; tirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mening tis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by eurbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of State cause for Never report



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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS e carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, so Important.

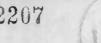
S. No. 1.

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PLACE	OF	DEATH	
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12207

Filed Sept 30:913 Goaltwan



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

1442 Broadway

County 132 22 22 22 22 22 22 22 22 22 22 22 22 2	Registration Dist, No. 42
VIIIage or City St. agnes Stornsital. 2FULL NAME Mrs. Laura Ma	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Wydones	16 DATE OF DEATH Sept. 39, 1913. (Month) (Day (Year)
6 DATE OF BIRTH  Month (Day (Year)	117 I HEREBY CERTIFY, That I attended deceased from  Sept. 25, 1913, to Sept. 29, 1913  that I last saw here alive on Sept. 29, 1913
TAGE  38 yrs. 2 mos. 2 ds. OR min.?  BOCCUPATION  (a) Trade, profession, or particular kind of work.  Factory Phother (last)	and that death occurred on the date stated above, at 9 15 p., m The CAUSE OF DEATH* was as follows:  Caumania Crui,  Sincel Nutantia
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Ouration) yrs mos ds  Contributory for a secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or eountry)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
(Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Lanclan Park.  Date of Burial  Och 2 1913

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (namc origin; "Canvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all discases resulting from ctc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (Recommendations on statement of (secondary or intercurrent) Never report



W. B. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

ASULTS IN THE STATE OF THE STAT	
PLACE OF DEATH 12208	STATE OF MARYLAND
Maria INDIO	CERTIFICATE OF DEATH
County	11 41
P	Registration Dist. No.
Village or City Wore sul (No.	St.; Ward) [If death occurred in a hospital or Institution,
	give its NAME lostead of street and nomber.
* FULL NAME Surman	VOOTE Street and adminer.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OB RACE 5 SINGLE, MARRIED, MARRIED,	18 DATE OF DEATH
10. 1. T. WIDOWED. Cluralo	(Month) (Day) (Year)
Welle White (Write the word)	17   HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	My 26, 191 to Deph /8, 1910,
(Mghth) (Day) (Year)	that I last saw h Alalive on Deft 18 ,1913.
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 1 2m,
6-8 yrs 2 mos. 2 ds. or	The CAUSE OF DEATH* was as to hows:/ /
GOCCUPATION O	Chronic Vephricks
(a) Trade, profession, or particular kind of work	/
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Owners (Secondary)
marysam	(Davation) yrs mos ds.
10 NAME OF FATHER LEGIS HOWELE	(Signey) / My O Corse , M. O.
11 BIRTHPLAGE	leph 19, 191 (Addross) Tardemille hu
OFFATHER (State or country) Cermany  12 MAIDEN NAME OF MOTHER  OTHER  OF MOTHER  OTHER	State the Disease Causing Drath, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
1001 010-010	If not at place of death?
(intermant)	usual résidence
(Address) Rash berg md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Howards Cam Seft 2/ 1913.
Filed Sps 19, 1913 pw to an more	20 UNDERTAKEN ADDRESS M
REGISTRAR	Tour of Lants Korvelle
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. statement. materiai worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative Leaithful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," -Coal (4)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-



nus," "Oid Age," "Shock," "Uraemia," "Weakness," childbirth or miscarriage, as "Puerperal septichae--Hart failure," "Haemorrhage," "Inanition," "Maras injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never repor uant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

	RECORD	PHYSICIANS should state of OCCUPATION Is very
F. R. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-		4

PLACE OF DEATH	12269	STATE OF MARYLAND
Gounty Balto	10000	CERTIFICATE OF DEATH
0.41	PO	Registration Dist. No. 34
Village or City Mperce	(No.	St.; Ward)  [it death occurred in a hospital or institution, give its NAME lostead of street and number.]
FULL NAME Vele	u di	Mosfoot with the same will be said will be s
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
OH CO LANGITO WITE	sier, sier, owed, nvonced te the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Sept	9 , 190	Sept 25, 1913, to Sept 27, 1913,
7 AGE (Month)	(Day) (Year	1.200
12 yrsmos	/ S. ds. ORmin.	IS. The CALISE OF DEATH'S was as follows:
(a) Frade, profession, or parficular kind of work	(	Diptheria
(b) General nature of industry, business, or establishment in which employed (or employer)	n	(Buration) yrs. mos. 3 ds.
BIRTHPLACE (State or country) Maryla	and	(Secondary)  (Diration), yrs mes ds.
10 NAME OF STATUS	morfa	(Signed) 19 Con Ale Clas , M. D.
State or country)	yland	State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Davey	Martin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
OF MOTHER (State or country)  14THE ABOVE IS TRUE TO THE BEST OF M	AKNOWLEDGE	of deathyrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Edw &	ipton	If not at place of death?  Former or  usual residence.
(Address) damps	Cad Mi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File Sefet 27, 193 Cagil &	Forfle REGISTRAR	30 UNDERTAKER ADDRESS
If more blanks are needed		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

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12211 STATE OF MARYLAND PLACE OF DEATH state Very Baltimore CERTIFICATE OF DEATH should OCCUPATION Registration Dist. No lenmorl one st: Ilf death occurred in PHYSICIANS a hospital or institution, RECORD give its NAME lostead andrew Otto of street and oumber. 1 50 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Morried WIDOWED, BINDING (Month) (Day) (Year) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe If LESS than 7 AGE and that death occurred on the date stated above, at should 1 day hrs. THIS properly 8 OCCUPATION AGE (a) Frade, profession, or INK particular kind of work. supplied. (b) General nature of Industry, be SERV business, or establishment in UNFADING may which employed (or employer) certificate. Contributory 9 BIRTHPLACE (State or country) (Secondary) carefully that (Duratio 10 NAME OF FATHER 0 10 MARGIN WITH pe back 11 BIRTHPLACE terms, ARENT (State or country) pinoda \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions information 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE E At place to the OF MOTHER (State or country of inform DEATH ..... yrs, ..... mos. . State ..... yrs. \_\_\_\_ ds. Where was disease contracted. If not at place of death? Former or Item OF osual residence mportant. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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RECORD	HYSICIANS &
ERMANENT R	ted EXACTLY. PHEXact statement of
THIS IS A P	AGE should be stated operly classified.
NFADING INK	efully supplied. A nat it may be printificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI Important. See instructions on back of certificate.
WRITE	N. B.—Every item of in CAUSE OF DEA Important, See i

Village or City Washington (No. St.; Ward)  2FULL NAME Words  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  17 DATE OF DEATH  18 DATE OF DEATH  19 29 , 1918  Whoth (Day (Year))
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. 16 DATE OF DEATH 9 29 , 1915
MARRIED, Sugli
(Write the word)
6 DATE OF BIRTH  (Month)  (Day  (Year)  (Month)  (Day  (Year)  (Year)  (The Energy Certify, That I attended deceased from the state of
TAGE  If LESS than 1 day,hrs. ORmln.?  B OCCUPATION (a) Trade, profession, or  A December 1 day to the date stated above, at 2 d.  The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Anayland  Contributory Secondary
10 NAME OF FATHER Harry Palmer  (Signed) The Country M.  (Signed) The C
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE) At place of deathyrsmosds. Stateyrsmos Where was disease contracted, if not at place of death?  Former or
(Address) Int Washington  19 PLACE OF BURIAL OR REMOVAL MADDRESS  16 Filed 19 1-30, 1913  17 PLACE OF BURIAL OR REMOVAL MADDRESS  20 UNDERTAKER  20 UNDERTAKER  ADDRESS  Franklington, Balton, Requesting V. S. No. 1.

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T. S. No. 1.

CERTIFICATE OF Registration Discovery Of CERTIFICATE OF CERTI	No. 42.
Marcollan AM	
Village or City // Mult (No	
	[it death occurred i a hospital or institution give its NAME lostea
* FULL NAME Henry 7 (Perrington)	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	DEATH
Male White (Write the word)  4 COLOR OR RACE   5 SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Day) , 1913 (Year)
B DATE OF BIRTH (Write the word) 17   HEREBY CERTIFY, That I	attended deceased from
Sept 2 1860 1915, to Supp	191.
7 AGE (Month) (Dsy) (Year) that last saw h	(19L)
1 day,	bove, at
BOCCUPATION MIS. OR. MIN.?	<u> </u>
(a) Trade, protession, or particular kind of work the maker	malis
(b) General nature of Industry, business, or establishment in which employed (or employer) (Ouration)	yrs. 4 mos/D di
9 BIRTHPLACE (State or country) (Secondary) (Secondary)	. /
10 NAME OF (Depation)	yrs mos ods
FATHER Junting I Serving (Signed) 101 3 (Address) Mark	00 D. V M
Z (State or country)	deaths from Viorwam
CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	(2) whether ACCIDEN-
a 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  At place of death yrs	yrs, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death?	
(Intermant) Parither Lungford Former or usual residence.	
Dr ach el (P. 1) Med	DATE OF BURIAL
Filed Sept. 9, 1913 7. A. Pull. Foundertaker	DDRESS
of more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.	D. 1.

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all always the same accepted term for the same disease. Examples: Corobrospinal fever (the only Arinite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichac etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chroniu ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 2 1913 BUREAU, V.S.

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### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... It death occurred in a hospital or institution. give its NAME Instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) . Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State of country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State \_\_\_\_\_ yrs, \_\_\_\_ mos. .... ds. Where was disease contracted. 14 THE ABOVE It not at place of death? Former or (informant) usual residence

20 UNDERTAKER REGISTRAR

DATE OF BURIAL

1913

(Year)

If more blanks are needed, address State Registrar, 6 E. Frankin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras genltal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of State cause for "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN 7. S. No. 1.

PLACE OF DEATH 12215	STATE OF MARYLAND
0 15	CERTIFICATE OF DEATH
County 2000	Registered No. 39
Village or City Jacksonvillet	St.; Ward)  [It death occurred in a hospital or institution, give its WAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
Fernal While Single dowld While Wisource (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Sept. 20, 1833  (Month) (Day) (Yéar)	(1) 1 1919 to Sept 20 1913, that I last saw h 22 alive on Sept 1 1/3 1913
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kied of work  Hanse Wife	Seffenning of Brance
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Ballo Co Mid	Gontributory (Secondary) (Osration) yrs mos ds.
10 NAME OF Codrand Kelly	(Signed) John Skreene, W. O.
of FATHER (State or country) Incland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDEN-
of Mother Contha Many	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  Ballo Co Mind	At place in the ot death yrs mos ds. State yrs mos ds.
(Informati) Clara J. Price	Where was disease contracted, If not at place et death?  Former or usual residence
(Address) Phoenin And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Left 20, 1913 J. J. Payre REGISTRAR	20 UNDERTAKER C. Bruks Sparks
If more blanks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as genitai," mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples:



Registered No fif death occurred in a hospital or institution, RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 17 BIND 6 DATE OF BIRTH (Day) (Year) that I last saw h ..... TAGE If LESS than and that death occurred on the date stated above, at \_\_\_\_ 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 SOCCUPATION AGE INK (a) Trade, profession, or particular kind of work. (b) General nature of Industry, pe business, or establishment in may which amployed (or employer) ----certificate. <sup>9</sup> BIRTHPLACE (State or country) (Secondar) that œ 10 NAME OF FATHER 0 0 terms, ARENT OF FATHER
(State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain Instructions OF MOTHER 1 Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country) in the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. DEATH State ..... yrs. \_\_\_\_ mos. ... Where was disease contracted. If not at place of death? ..... 0 Former or item OF usual residence mportant. CAUSE 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franchin St., Barto., Requesting V. S. No. 1.

12216

STATE OF MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) saicsman, (v) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as heen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Farmer or Plonter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite spect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

childbirth or miscarriage. as "PUERPERAL scptichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mio," "PUERPERAL peritonitis," etc. "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthcnia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvulor heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., which surgical operation was undertaken. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of State cause for



	RECORD	PHYSICIANS should state of OCCUPATION IS very
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH 12217	STATE OF MARYLAND
County Baltinon	CERTIFICATE OF DEATH
County	Registered No.
Village or City Shefford & Engel Prat	give its NAME lostead
* FULL NAME Thus. Eva Cont	in Read. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White ORDIVORCEO (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw here allve on Sept 7, 1913.
7 AGE If LESS than	and that death occurred on the date stated above, at
37 yrs. 10 mos. 25 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Brondsfrumoria
business, or establishment in which employed (or employer)	(Ouration) yrs mos 9 ds.
9 BIRTHPLACE (State or country) Besford. Va	(Secondary)  (Duration)
10 NAME OF Jesse H. Read.	(Signed) Seo. B. Woeff M. D.
11 BIRTHPLACE	sept. 7 , 191 3 (Address) DA L Tall Hosp Jouism
OFFATHER (State or country) Bedford, Va.  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.
a / secure passes.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Bestford Va.	At place of death yrs. 9 mos. 3 ds. State yrs. mee. ts.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cofficactod, If not at place of death?
(Interment) Bessie a Read Gister).	Former or usual residence. Balter or g. Ind.
(Address) 21 n. Cary St. Baloma	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Styles 181 & Claud Street REGISTRAN	TO UNDERTAKER ADDRESS ADDRESS ADDRESS
of more blanks are needed, address State Registrs	r 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. maferial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinetaus distributions of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the bead injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock." "Uraemla," "Weakness." genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchildbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Haemorrhage," "Inaultion." "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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Instructions

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### 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or country)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Tif deeth occurred in a hospital or institution, give its NAME instead

.....Ward) of street end number. ] MEDICAL CERTIFICATE OF DEATH (Dav (Year) and that death occurred on the date stated above, at .... Contributory (Signed) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place of death ..... yrs. ..... mos. ..... \_ ds. Stete \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where wes disease contracted. If not at place of death? Former or usuai residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie mia," "Puerperal peritonitis," ctc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Iuanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (discase causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of Never report



Gounty	Canott Ron	CERTIFICATE OF DEATH,
Gounty	Water Water Company	Registration Dist. No
Village o		St; Ward)  [If death occurred   a hospital or Institution give its MAMF instead
2	FULL NAME Mary Anne &	ligabelle Rineman et street and number.]
P	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX Fine	ale While Single, Marrie Widowed, Ordiverced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
<sup>8</sup> DATE OF	Jan 30 , 18.	3 1913, to Sept 3 , 1913
7 AGE	80 yrs. 7 mos. 20 ds. 08 mil	han and that death occurred on the date stated above, at 750 Pm The CAUSE OF DEATH was as follows:
(b) General n		Cholera Morbus  (Duration) yrs mos ds
	ed (or employer)	Gontributory (Secondary)
	THER Aredence Shully	(Signed) Att Sheman, M. D.
State	THPLACE FATHER e or country) Manyland  DEN NAME 1:	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIR	THPLACE Mary Bawblitz THOTHER MOTHER OOT COUNTRY) Mary Land	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14THE ABO	OVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrs,mosds.  Where was disease contracted, If oot at place of death?
(Informant)	ress) Hampslead hid	Usual residence
Filed 4	totslept, 1913 Solot fouble M.	Grave 86 un Church Sept 4 , 1913.  20 UNDERTAKER ADDRESS ADDRESS LANGE
	If more blanks are needed, address State Reg	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12219

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). statement. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehlldren, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, It should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tubercu-losts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Reart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chrowic which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Aster" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter who have no occupation whatever, write None. heen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

losis of lungs, meninges, peritonacum, etc.. pneumonla"); Lobar pneumonia; Bronchopncumonia time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup"); brospinal fever (the only definite synonin is term for the same disease. ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid unqualified, is indefinite); Tubercufover Examples: Cerebrospinal north is "Epidemic cere-(never report "Typhoid (avoid use of Carcin-

> cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS STATE MEANS OF INJURY ADD qualify as which surgical operation was undertaken. mia," "PUEEPEBAL peritonitis," ctc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstittal nephritis injury, as fracture of skull, and consequences (e. by carbolic acid-probably sutcide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) Sarcoma, etc., of \_\_\_\_\_\_ (name origin; "Canis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report Examples: For vio-



RECORD

No.

7/2

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PHYSICIANS should state of OCCUPATION is very AGE should be stated EXACTLY. properly classified. Exact statement carefully supplied. DEATH in plain terms, so that it m. See instructions on back of certificate. Every Item of information should be CAUSE OF DEATH in plain terms, s Important. B.

PLACE	OF	DEATH	

12221

County Baltimare

STATE OF MARYLAND CERTIFICATE OF DEATH

			///	
15	edistration	Diet	No. 72	
1.6	egistiation	DIST.	140,	

/Illage or City St. C	me	Hostan	Til		C.L.
Tillago Ol Ollysphisteridischischischischisch	g.r.ca	THE STATE OF THE S	^	 6	5t.;

[If death occurred in Ward) a hospital or lostitution, give its NAME instead of street and number.]

FULL NAME Walter a. Sammein

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale White Single,  White Solver of the word)  Manuel  White Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)  Manuel	16 DATE OF DEATH  Supt. 9, 1913  (Month) (Day (Year)
6 DATE	OF BIRTH  Upril 20 , 1860  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from any 29, 1913, to Sifet 9, 1913, that I last saw have alive on Sifet 9, 1913
7 AGE	5-3 yrs 4 mos 2 0 ds OR mln.?	and that death occurred on the date stated above, at # 50 m, The CAUSE OF DEATH* was as follows:
(a) Trad particula (b) Gene	PRATION de, profession, or ar kind of work eral nature of industry,	Softening of Brain dur
Which en	HPLACE ate or country)  Baltimole Mad	Contributory Reginatory Canadage
	NAME OF FATHER SEV. P. Saurrein  BIRTHPLACE OF FATHER (State or country)	(Signed) Walter a Ostrulur , M. D.  Sept 7, 1913 (Address) Stayurs Hospital.
PA	MAIDEN NAME OF MOTHER Margaret Mc Greeney	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Infor	(Address) 21 76 Vine Street	Former or usual residence 3 0 3 7 . Mount Street  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	left 6 1913 Geogs Givan FREGISTRAR	20 UNDERTAKER ADDRESS WW Sofullum & & Mohalelon
	If more blanks are needed, address State Regis:	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

· tion is very important, so that the relative healthfulstatement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer ness of various pursuits can be known. The question gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningit"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. ness, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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14 CELVITO 007 6 1913 BURLAU, V. S.

	RECORD	PHYSICIANS should state
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
T. S. No. 1.		N. B.—Every CAUSE Import

N. B.-

county Ballo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City Cotanguelle (No.	St; Ward)  St; Ward)  Stip Schaeffer  [If death occorred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, Widawld White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I strended deceased from
7 AGE (Month) (Day) (Year)  7 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw h Malive on Stated above, at 2 Pm. The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishmenf to which employed (or employer)  BIRTHPLACE (State or country)  Balto  Balto	Garcina Juanday  Guration / yr 9 mos / 6 ds.  Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) Oscaled W. D. O. Oscaled W. O. Oscaled W. O. Oscaled W. O. Oscaled W. Oscaled W
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, If not at place of death?
(Informani)  (Address)  Filed Cift 18, 1913 Marshall B West,  REGISTRAN	usual residence.  Journal of Removal  London Joseph Long, 191. 3  20 Undertaker  Address
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Index affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: mia," "PUERPERAL perimnitis," etc. State cause for childbirth or miscarriage, as "Purpreral scottchaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-



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[Approved by U. S. Census and American Fublic Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. heen changed or given up on account of the pismass Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purpresal septichae-"ITeart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Cap-State cause for Examples:



N. B.—Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 12225	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 39
Village or City Januar (No. Ber Charles Villain FULL NAME	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  WHOWEO, WHOWEO, WHOWEO, WHOWEO, WHOWEO (Write-the-word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That Lattended deceased from
8 DATE OF BIRTH 200 6. , 1906.	1913 to 1913.
(Month) (Day) (Year)  7 AGE    It LESS than   1 day,hrs.   0 mos.   5 ds.   0 Rmin. ?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Jahanstin
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Maryland	Contributory (Secondary) (Ouration) yrs. mos. ds.
10 NAME OF FATHER PROPER SEMP.	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER PARA & Allows	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Bello. Hid	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) (Informant)	if not at place of death?  Former or usual residence.
(Address) Laurandle	Reder Hell Dept. 21, 1815.
Filed	20 UNDERTAKER  ADDRESS  SOLE Houlday

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, pot who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage. as "Tuerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Senile." etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_\_ Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can State cause for Examples:



CERTIFICATE OF DEATH CCUPATION Registered No Ilf death occurred in PHYSICIANS a hospital or institution. RECORD give its NAME instead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PARTICULARS 16 DATE OF DEATH S SINGLE, SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated shove, st 1 day, .....hrs. BOCCUPATION AGI (a) Trade, profession, or particular kind of work. (b) General nature of industry. supplied. pe business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE Contributory. (Secondary) (State or country) that 10 NAME OF FATHER 00 11 BIRTHPLACE terms, ARENT OF FATHER should (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-CO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL plain OF MOTHER Instructions Information LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER to the (State or country DEATH of death \_\_\_\_ yrs. ... mos. .... State ..... yrs, \_\_\_\_ mos. Where was disease contracted. See If not at place of death?... 0 Former or (informant) Item OF usual residence. Important. ы (Address) .... DATE OF BURIAL Every If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age ness. If retired from business, that fact may be indiduties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc., Women at home, who are engaged in the Fratement. It should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None Statement of occupation-Precise statement of occupa-Spinner, .Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman," (g)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinoses

genltal," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Concer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of scpsia, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrpreal scottchaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia Injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUBLAU, V. S.

certificate.

Jo

back

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Instructions

Important.

12227 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or Institution. give its NAME Instead of street and oumber. 1 CATE OF DEATH MEDICAL CERTIF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SHTULE. 3 SEX MARKIED WIDOWED, (Month) (Day) Write the word) That I attended deceased from HEREBY CERTIFY. 6 DATE OF BIRTH (Day (Year) (Month) 7 AGE if LESS than 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment to (Duration) which empinyed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ..... yrs. ..... mos. ..... State Where was disease contracted. if not at piece of death? Former or usuai residence. OF BURIAL OR BEMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 da.; State cause for Never report Examples: For VIO-



PLACE OF DEATH

	PLACE OF DEATH 12228	STATE OF MARYLAND
Co	unty Ballimans	CERTIFICATE OF DEATH
		Registration Dist. No. 42.
Vill	lage or City & Agama (No. Kas)	give its NAME Instea
	FULL NAME MAS Comma &	haskey.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIED, Married	16 DATE OF DEATH Supe 6 191: (Month) (Day (Year)
	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
	Dec. 9. 1866	June 10, 1913, to Dept 6, 191
7 .	(Month) (Day (Year)	that I last saw here alive on Dept 6 ,191.
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	76 yrs	The CAUSE OF DEATH* was as follows:
	CCUPATION ) Trade, profession, or 9/	Matral monfactures,
	General nature of industry,	My wearditis
busi	iness, or establishment in	(Duration) 7 yrs mos
	RTHPLACE (State or country)	Contributory Acute Meletation Muss
	(State or country) Philadelphia Ca	Secondary (Duration) 7 yrs mos
ı	10 NAME OF M MEANER.	(Signed) Swastinait, M.
TS	11 BIRTHPLACE	Lefat 6, 1913 (Address) Stagns Stag
ARENTS	(State or country) emisylvania	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLER CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDE TAL, SUICIDAL, or HOMICIDAL.
D	OF MOTHER Williams	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos.
4 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(	(Informant) Mr. New Sharkey	Former or usual residence 3 0 3 & Collins are Irwington
	(Address) 303 & Collins are Errington	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	on Sept 7 1913 George Trump Mil	Lundem Pash. Sight 9, 191.
rile	REGISTRAR	nu Ceall 502 & north
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Regnesting V S No. 1

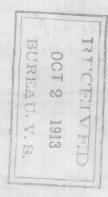
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

nant neoplasms); Measles; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-aeeisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report the head septichac-For VIO-



BINDING

FOR

MARGIN RESERVED

90	PLACE OF DEATH  unty Baltimas 12229	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 30
/vi	Hags or City Catonsville (No	St; Ward)  St; Ward)  Skelton  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
T.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	rale White (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
8 DA	February 15 , 1843 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Seft 10 , 1913 , to Seft 20 , 1913 , that I last saw have alive on Seft 16 , 1913 .
TAG	1 t LESS than 1 day, hrs. or mos. 5 ds. or min.?	and that death occurred on the date stated above, at 2 0 m, The CAUSE OF DEATH* was as follows:
(a) part	CUPATION Frade, protession, or Clerk icular kind of work	Rt Hemiflegia
busit	General nature of Industry, ness, or establishment in the employed (or employer)  Solvan Dreft.	(Duration) yrs. mos. 8 ds.
9 BH (St	ate or country) Massachusetts	(Secondary)
	10 NAME OF Thomas Shelton	(Signed) Zuaskalo B brot, MD,
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  UMA.	State the Disease Causing Death, or, in deaths from Violent
PAR	12 MAIDEN NAME abigail Wilder	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  ULL ,	OR RECENT RESIDENTS)  Af place In the ot death
	Informant) Chevy Chase Md	Where was disease contracted, If not at place of death?  Former or  usual residence
15 File	(Address) Marsfall Burst REGISTRAR	Washington LOC, Seft 23, 1913.  20 UNDERTAKEN  WWW & Schilley  98 Polyclarst
	of more hlanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

## CERTIFICATE OF DEATH

[Approved by L. S. Census and American Public Health
Association.]

pess. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deffer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is necadditional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—in all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing mant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



N.B.

County Balloerrore	CERTIFICATE OF DEATH  Registration Dist. No. 3.7
Village or City Suther wille (No	lock  St.; Ward)  [if death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married Warred  Whate white (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased fro
Sept 23 , 1853 (Month) (Day) (Year)	that I last saw halive on
7 AGE    If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind-of work  (b) General nature of industry, business, or establishment in Mr. Hurst Sutherwilk	(Duration) yrs. mos
9 BIRTHPLACE (State or country) Balls. Co and.	(Signed) of Law Number (acting Cox -, M.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of death
(informant) - B TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, if not at place of death?  Former or usual residence
(Address) Suther wille 15 Suff 3 191 3 MB BEISSELLA REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKED ADDRESS  AND BURIAL DATE OF BURIAL  20 UNDERTAKED ADDRESS  AND DATE OF BURIAL  ADDRESS  ADDRESS  AND DATE OF BURIAL  ADDRESS  ADDRESS
If more blanks are needed, address State Regis trar, 6	Frenkin St. Balto. Requesting V. 8 No. 1.

STATE OF MARYLAND

12230

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of Cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.: cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences .(e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman septichaemus," "Old Age," "Shock," "Traemia," "Weakness," -H art failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma, etc., of ... ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples: For vio-



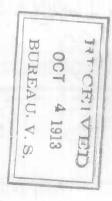
Gounty Sulline	
1	CERTIFICATE OF DEATH
(1.1 · +	Registered No. 22
Village or Gity (No. 21)	[it death occurry a hospital or institution of the line of the lin
FULL NAME THIS CENTRE	vues, dreet and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OB RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Lefet (Month) (Day), (Year
6 DATE OF BIRTH Jept	HEREBY CERTIFY, That I attended deceased from 1912, to 1912, 191
(Month) (Day) (Year)	
7 AGE It LESS the	The CAUSE OF DEATH * was as follows:
yrs mos. ds. ORmin.	
8 OCCUPATION (a) Trade, profession, or	Insteal prody Sistrem
particular kind of work	instrumental Ellino
(b) General nature of industry, business, or establishment in which employed (or employer)	——————————————————————————————————————
State or country) ////////////////////////////////////	(Secondary)
10 NAME OF Junicial fruit	(Signed) (Si
2 11 BIRTHPLACE OF FATHER (State or country) // (Arry Country)	Lift S, 191 3 (Address) VR. C. Relug
(State or country)  (State or country)  (State or country)  (State or country)  (All of the last of th	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place in the
(State or country)	of death yrs mos ds. State yrs mos
THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was dispase contracted, If not at place of death?
(Informant)	Former or usual residence.
(Address) 215/100A Cand Cll	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept - 9 - , 191 3 . Tury A Maylor REGISTRAR	20 UNDERTAKER ADDRESS AUGUST A
3.3 -33 - 0. D. 1.4.	6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iiibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Civil engineer, Stationary fireman, etc. But in many Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. it should be used only when needed. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. inus," "Oid Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronio interstitial nephritis oma. Sarcoma. etc., of \_\_ The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Never report Examples: For vio-



should ste	Village or City Canton (No 32.41)	CERTIFICATE OF DEATH  Registered No. [It death occurred]
RECORD PHYSICIANS shou	*FULL NAME Louisa M. S.	a hospital or Institution give its NAME inste
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N DING PERMANENT sated EXACTLY. Exact statemen	Female While Single, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)  6 DATE OF BIRTH  May 20 9/2	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 25, 191 3, to 11, 191 3
OR BI	(Month) (Day) (Year)  7 AGE If LESS than t day, hrs. OR min.?	that I last saw h A alive on
ADING INK—TH Ily supplied. AGE si It may be properly leate.	(a) Trade, profession, or particular kind of work  (b) Beneral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manualand	Contributory Marasenus (Secondary)
MARGIN RE INLY, WITH UNF Ion should be careful plain terms, so that lons on back of certifil	10 NAME OF Martin H. Smith  11 BIRTHPLACE OFFATHER (State or country) Maryland a  12 MAIDEN NAME OF MOTHER Victoria Mandick	(Signed)
RITE PLA of Informat DEATH in See Instructi	13 BIRTHPLACE OF MOTHER (State or country) Maryland  14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) Martin H. Smith	At place lo the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, lf not at place of death?————————————————————————————————————
W. S. No. 1.  W. B.—Every item GAUSE OF	(Address) 3410 Electe St.,  16 Filed Pept 13: Pept 1 Claudian Records to Paris to Pa	19 PLACE OF BURIAL OR REMOVAL  Oak Laren bennetery  20 UNDERTAKER  Sirkler byikler  32040: Donne

STATE OF MARYLAND

PLACE OF DEATH 12232

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Deumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinoses of lungs, meninges, periionaeum, etc.. Carcinoses

scpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS seate MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

ò

PLACE OF DEATH	STATE OF MARYLAND
County Faltimore	CERTIFICATE OF DEATH Registration Dist. No. 42
Village or City MX Winaugo.	St.; Ward) [If death occurred a hospital or institution give its NAME inste
2FULL NAME William D	with (Cal) of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SHARLED, widower make Black willower widower	16 DATE OF DEATH Sefat, 1913 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
restrown. 1	, 191, to, 191
(Month) (Day) (Year	
AGE about 55 up 1 day	and that death occurred on the date stated above, at
yrs. / mas. ds. OR min.	Ine GAUSE OF DEATH* was as follows:
(a) Irado Drotoscion or	DA Janes I Wash 13 That 120 VIVII- 7
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos.
particular kind of work (b) General nature of industry, business, or establishment in	(Duration) yrs. mos. (Secondary)
particular kind of work	(Duration) yrs. mos.  Contributory (Secondary)  (Duration) yrs. mos.  (Signed) Chas, Hull, Corune 13 8 Disp
particular kind of work	(Duration) yrs. mos.  Contributory (Secondary)  (Duration) yrs. mos.  (Signed) Chas, Mull, Corune, 13 Fois Supply 1913 (Address)
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Known  Known	(Buration) yrs. mos.  Contributory (Secondary)  (Buration) yrs. mos.  (Signed) Las. Mull. Cornae. 13 Horse Sept. 11, 1913 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	(Buration) yrs. mos.  Contributory (Secondary)  (Buration) yrs. mos.  (Signed) Chas. Mull. Corner 13 John (Signed) 1913 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residents (For Hospitals, Institutions, Transient or Recent Residents)  At place In the
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER  (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 BIRTHPLACE OF MOTHER (State or country)	(Buration) yrs. mos.  Contributory (Secondary)  (Buration) yrs. mos.  (Signed) Chas. Mull. Corner 13 John (Signed) 1913 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residents (For Hospitals, Institutions, Transient or Recent Residents)  At place In the
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	(Buration) yrs. mos.  Contributory (Secondary)  (Buration) yrs. mos.  (Signed) Chas. Shell Corune. 13 House Secondary)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transient or Recent Residents) At place of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, it not at place of death?  Former or
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Si

STATE OF MARYLAND

12233

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations-a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and cassation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercunonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Tuerreral scottichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) is icss definite; avoid use of "Tumor" for mailg "PUERPEBAL peritonilis," etc. State cause for Always qualify all discases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," \_ (name origin; "Can-"Exhaustion," Never report Examples: OLA LOLA



N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 12234	STATE OF MARYLAND
County of Elgno Hors. Bally	CERTIFICATE OF DEATH
11.0	Registration Dist. No. 42
Village or City July (No	St.; Vard) [If death occurred in a hospital or institution,
*FULL NAME James 70	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED	18 DATE OF DEATH  Left (Month) (Day) (Year)
Male Will (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h M allycon Sight 8 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 5 4 m.
25 yrs. 10 mos. 29 ds. 1 day, hrs. or min.?	The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Quration) yrs mos ds.
State or country) New Histy	(Secondary)  (Deration)  (Descondary)  (Descondary)  (Descondary)
10 NAME OF Michael Skain	(Signed) Sull Shralf, M. D.
11 BIRTHPLACE OF FATHER (State or country): Nelcound 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent
of MOTHER WIRUM	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mule Jeliu	Former or usual residence 4 11 Central ave.
(Address) 411 D. Central are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept 8, 1913 Lever Shwait	2º UNDERTAKER ADDRESS
RECISTRAR	Wellaw NOT Bulls hed
II more Dianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speci-dication, as Day laborer, Farm laborer, Laborer—Coal essary to know (a) the kind of work and also (b) tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the dibease caubing death—it is and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal cever (the only definite synonym is "Epidemic cerebrate meningitis"); Diphtheria (avoid use of "Co"); Typhoid fever (never report "Typhoid new form); Lobar preumonia; Bronchopreumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts of lungs, meninges, peritonaeum, etc.. Carcinosts



such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomenclasepsis, telanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Re-sent

### PLAINLY, WITH UNFADING INK-THIS IS WRITE

N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4

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1 DI ACE OF DEATH

### STATE OF MARYLAND

County Balting	CERTIFICATE OF DEATH
County Million	Registered No.
Village or City Governs (No. Av.	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SAMELE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  Seft 19, 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That J attended decessed from
8 DATE OF BIRTH  (Month)  (Day)  (Year)	Septe 9 1913, to Septe 12 1913. that I last saw has alive on Lepte 12 1913.
TAGE  3 4 yrs. 1 mos. 2 ds. OR min.?  8 OCCUPATION (a) Trade, pretession, or particular kind of work	and that death occurred on the date stated above, at 10,10P m,  The CAUSE OF DEATH* was as follows:  A factorial fac
(b) General nature of Industry, business, or astablishment in which employed (or employer)  PRITHPLACE (State or country)  Valantary	Contributory manifon & astheria (Secondary)  (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) Houngh Son Bayley, N. D.  S. fatr 14, 1913. (Address) 224 E 22 MSI  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER China. Parker.  13 BIRTHPLACE OF MOTHER (State or country)  15 State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Information of the Best of My Knowledge	If not at place of death?  Former or usual residence
(Address) Josephan (Address) Jos	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  29 ON DERTAKER  20 ON DERTAKER
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples

Statement of cause of death—Name, first, the diberable causing death—In any affection with respect to the film and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 State cause for For VIO-



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12236 PLACE OF DEATH



### STATE OF MARYLAND

County Solt . C.	CERTIFICATE OF DEATH
Village or City Danney Hegytono. Near	Registered No.  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIEO, WIDOWEO, OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attanded decagased from
6 DATE OF BIRTH  (Month) (Day) (Year)	, 191, to, 191, that I isst ssw h alive on
7 AGE   If LESS than 1 day, hrs ds.   OR min. ?	and that death occurred on the data stated above, at
CCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	The Bon
which employed (or employer)  BIRTHPLACE (State or country)	(Boration) yrs mos cs  Contributory bout 5 woutes gestations (Secondary)  (Duration) yrs mos ds
10 NAME OF FATHER  18 BIRTHPLACE	(Signed) Frank The Rich 0.
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mes, ds, State yrs, mes, ds.
(Informant)	Where was disease contracted, If not at place of death?  Former or asoal residence.
(Address) 14+3 Ward IT - Gulle W	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative beaithfulheen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpais, tctanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUEEPERAL septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malkture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



### V. S. No. 1.

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*	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
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Village of Gity Clatensvillano Janua Sty	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30  [If death occurred in a hospital or institution, give its NAME instead of street and numbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, ORDIVORCED ORDIVORCED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  18  10  10  10  10  10  10  10  10  10
flue , 1875	that I last saw h Wallycon Sept 23th, 1913
7 AGE (Month) (Day (Yéar)  1 (LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Mental Disease Secondary  (Duration)  (Duration)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs ds. State yrs, ds  Where was disease contracted,
(Informant) Pupt, Spring Sime SH.  (Address) Statement of the second of	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  Opening wine State Horp Sept 16, 1913.  20 UNDERTAKER  Oping from State Horp Releasestlesher

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is Indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehucctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: cer" is less defiulte; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origiu; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," The nature of the "Exhaustion," Never report



V. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	12238 STATE OF MARYLAND
Bulb	CERTIFICATE OF DEATH
County July	Registration Dist. No.
Village or City Carlon (No	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wiscower, Orbivorceo (Write the word of	16 DATE OF DEATH September 9, 191. (Month) (Day (Year))  17 I HEREBY GERTIFY. That I attended deceased from
G DATE OF BIRTH  Aug 20, 1873	17 I HEREBY CERTIFY, That I attended deceased from  Sept. 9., 191.3, to Sept. 9., 191.3  that I last saw have allye on Sept. 9., 191.3
7 AGE (Month) (Day (Year)  1 If LESS than 1 day,	and that death occurred on the date stated above, at/ Ar The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Rue Is fell (Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Quistria	Contributory Secondary (Ouration) yrs mos ds
10 NAME OF THE Strawske  11 BIRTHPLACE OF FATHER  OF FATHER	(Signed) Marier, M. D. J. J. 1913. (Address)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  A Selva Sullumba	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN: CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideNTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Austria	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Interment) alex, Dyed	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 1247 S. Decker Give,	St. Stanislaux Sept. 11, 1913
Filed Apt 10, 1913 the 11 Kanaha Begistra	Girkler Girkler E. Eager trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciştatement. Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

pneumonia"); fever (the only definite synonym is "Epidemic cerc-CAUSING DEATH (the primary affection with respect to brospinal term for the same disease. time and causation), using always the same accepted lesis of lungs, "Croup";) ("Pneumonia," unqualified, is indefinite): Tubereu-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., Examples: Cerebrospinal (avoid use of Carein-

> LENT DEATHS STATE MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 6 1913
BUREAU, V. S.

•	RECORD	PHYSICIANS should state
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
K		z

	PLACE OF DEATH, 12239	STATE OF MARYLAND
	County 13 altinous Cuppies 86	CERTIFICATE OF DEATH Registration Dist. No
	Village or City Newton (No. (No. )	St.; Ward)  [If death occurred to a hospital or Institution, give its NAME lostead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICA CERTIFICATE OF DEATH
6	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, WINGOWED, Write the word)  DATE OF BIRTH COLOR OR RACE  MARRIED, WIDOWED, WINGLE the Word)  DATE OF BIRTH  OR LEGICAL 17, 917	16 DATE OF DEATH September 9th, 1913.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 22 and 1913, to Sept. 31, 1913.
	(Month) (Day) (Year)	that I last saw her alive on seff 32 , 1915
7	AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10.50 m.
-	yrs	The CAUSE OF DEATH* was as follows:
	occupation (a) Frade, profession, or oarticular kind of work	on moto Delis Colitis
b	b) General nature of Industry, usiness, or establishment in which employed (or employer)	Contributory (Desthering (management)
9	State or country relation, Ballo to Med	(Secondary)  Little haralysis of (Duration) wrs. mos. ds.
	10 NAME OF Charles R Taway	(Signed) Cyrel Elmo Franche, M. D.
ARENTS	OFFATHER (State or country) Many land	*State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
D/d	13 BIRTHPLACE OF MOTHER (State or country) Mary land	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds.
14	(Informant) (I ) (Informant) (Informant)	Where was disease contracted, if not at place of death?  Former or usual residence
15	Filed Seft. 10, 1913 Coyil Elmo Frolle REGISTRAR	19 PERCE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  AUTOMORPHICAL
	If more hlanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

V	illage or City (No.	the fly
	2FULL NAME TOCATAL &	ayter
	PERSONAL AND STATISTICAL PARTICULARS	
3 58	WIONED, ANG	18 DATE OF DE
60	ATE OF BIRTH	17
	March 24,1	(Year) that I last saw I
7 A		ESS than and that death
		y,hrs. The CAUSE OF
(a)	CCUPATION ) Trade, profession, or Hachmist	
(a) pai (b) bus whi		Contributory (Secondary)
(a) pai (b) bus whi	) Trade, profession, or ricular kind of work Abachmist ) General nature of industry, siness, or establishment in 3 (Bailraad) Ich employed (or employer)	Contributory
(a) pai (b) bus whi	Trade, profession, or ricular kind of work  General nature of industry, siness, or establishment in Bailroad  IRTHPLACE tate or country)  Manyland	Contributory (Secondary)  (Signed)  *State the I
ARENTS SIGNATION SIGNATION (4) (4) SIGNATION (5) (6) (7) SIGNATION (7)	Trade, profession, or ricular kind of work  General nature of industry, siness, or establishment in Bailroad  IRTHPLACE tate or country)  Many Land  10 NAME OF FATHER  11 BIRTHPLACE OFFATHER  Dich and R. Jays  12 BIRTHPLACE OFFATHER	Contributory (Secondary)  (Signed)  State the I CAUSDS, state TAL, SUICIDAL
RENTS (S) SING (G) SING (G)	Trade, profession, or ricular kind of work  General nature of industry, illness, or establishment in Bailroad  IRTHPLACE tate or country)  Manyland  10 NAME OF FATHER  OFFATHER (State or country)  Pallim or  12 MAIDEN NAME  Machinists  Bailroad  Laye  Pallim  Pa	(Signed)  State the I CAUSDS, state TAL, SUICIDAL  18 LENGTH OF
PARENTS (9) Ba (9) Ba (9) Ba (6) Ba (9) Ba (	Trade, profession, or ricular kind of work  General nature of industry,  Backward  Dailroad  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  Thurk of mas in  OF MOTHER	Contributor (Secondary)  State the I CAUSES, state TAL, SUICIDAL  18 LENGTH OF OR RECENT R At place of death yrs Where was disease

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

19940

### STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist, No.

.....Ward)

.St .:-

[If death occurred in a hospital or institution,

ADDRESS / DJ U

	give its NAME Instead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
18 DATE OF DEATH Sept	27, 1913 (Day) (Year)
May 29 191 3 to Se	I attended deceased from
and that death occurred on the date state	1913 d above, at 2 3 m
The CAUSE OF DEATH* was as follows:	tivil P
Contributory (Secondary)	Lyrs mos ds.
Syp 5917, 1943 (Address) In	warll my
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, or HOMICIDAL.	, In deaths from VIOLENT nd (2) whether ACCIDEN-
Where was disease contracted, if not at place of death?  Former or  Susual residence.	S. INSTITUTIONS, TRANSIENTS,
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons (0)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); Typhoid time and causation), using always the same accepted causing death (the primary affection with respect to brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use unqualified, is indefinite); Tubercufover (never Examples: Cerebrospinal report "Typhoid

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scptichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminai conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Marasoma. Sarcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for malig The contributory "Old Age," "Shock," 'Traemia," "Weakness," hiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: or intercurrent State cause for Examples: 0.0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UTHOR to 18 Permanents, meer

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	PLACE OF DEATH 12241	STATE OF MA
C	ounty Baltinure	CERTIFICATE
	1 1 1 200 1	Registe
٧	Illage or City Marsh (No.	St; Ware
	FULL NAME Harris Therein	nis
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O
3 SI	nale Colored or Divorceo	16 DATE OF DEATH Seftimber (Month)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That
	September 29, 1913 (Month) (Pay) (Year)	that I last saw h alive on
TA		and that death occurred on the date stated
	2 4 yrs mos. ds. or min.?	The CAUSE OF DEATH was as follows:
80	CCUPATION	Killely bybeing
(a)	Trade, profession, or Laborer	by train of 18
(b)	General nature of industry, iness, or establishment in	(Burnian)
Whi	ch employed (or employer) . Dear of the complex of	(Ouration)
9 BI	rate or country) Isuladelle ua	Gentributory (Secondary) (Duration)
	10 NAME OF FATHER NOT KENOWS	(Signed) Frank F Fore
IS	11 BIRTHPLACE	Siff-29, 1913. (Address) Cha
RENTS	(State or country) Pensylvanus	*State the DISEASE CAUSING DEATH, OR, CAUSES, state (1) MEANS OF INJURY; and TAL. SUICIDAL, OF HOMICIDAL.
PARE	OF MOTHER Annie Harris	18 LENGTH OF RESIDENCE (FOR HOSPITALS
	13 BIRTHPLACE OF MOTHER (State, or country) not known	At place In the of death yrs mos ds. State
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) J- F. Giles	Former or usual residence
	(Address) Sewark Del	19 PLACE OF BURIAL OR REMOVAL
15 FII	ed DEfof-30, 1813 A. F. H. Girsuele	20 UNDERTAKER
111	REGISTRAR	Nandlandson
	more blanks are needed, address State Registrar, 6 H	E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 40

St; .....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF D	EATH
18 DATE OF DEATH Settember	29 , 1913
(Month)	(Day) (Year)
I HEREBY CERTIFY, That I att	ended deceased Iron
, 191, to	, 191
nat I last saw h alive on	191
nd that death occurred on the date stated abo	ve, atm
he CAUSE OF DEATH Was as follows:	
Reliew byling so	B Rail Ro
(Ouration)yı	rsds.
Contributory (Secondary)	•
Signed) Frank F Fruit	rs mos ds
iff-29, 1913. (Address) Chust	12.06-
*State the DISEASE CAUSING DEATH, or, in dicauses, state (1) Means of Injury; and (2) Tal. Suicidal, or Homicidal.	eaths from VIOLENT ) whether Acciden-
8 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS)	TUTIONS, TRANSIENTS.
t place In the	
f death yrs mos ds. State y Phere was disease contracted,	yrs mos ds.
f not at place of death?	
ormer or sual residence	***************************************
PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL
Flile delle lingle	501-2,1913
10./	DRESS
Man Allandones /	radsliau

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mme, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimaterial worked on may form part of the second (a) Spinner, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, portionaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of (disease causing terminal conditions, such as "As-(name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



BINDING FOR RESERVED MARQIN

-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT THIS IS WITH UNFADING INK-See Instructions on back of certificate. important.

> m' ż

PLACE OF DEATH Sounty	12242	(1)
Village or City	(No	
		hom

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;.....Ward)

[It death occurred in a hospital or lostitution, give its NAME instead of street and number.]

	PERSON	NAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SI	Fruie	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH September (Motor)	(= = )
6 D	ATE OF BIRTH	Tun	landes	17 I HEREBY CERTIFY, TI	nat I attended deceased from
		(Month)	(Day) (Year)	that I last saw h alive on	
7 A	is about	o yrs.	It LESS than 1 day,hrs. ormin.?	and that death occurred on the date str The CAUSE OF DEATH* was as follow	
par (b) bus	General nature of iness, or eslabiis	rkl Industry,	hulaway	Cook analys (Duration)	
9 BI	RTHPLACE tate or country	" My	cuon	Contributory (Secondary) (Duration)	
	10 NAME OF FATHER	hus	worm	(Signed) Frank F F	outhe esm, H.D.
ENTS	OF FATH (State or co	CE ER Duntry)	s and	*State the DISEASE CAUSING DEATH,	or in deaths from Violena
PAR	12 MAIDEN NAME OF MOTHER		CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country)		OR RECENT RESIDENTS) At place In the			
	Interment)	TRUE TO THE BES	T OF MY KNOWLEDGE	If not at place of death?  Former or  usual residence	***************************************
15	(Address)	15 mel	1	19 PLACE OF BURIAL OR REMOVAL	Sepr 30 191
File	Sept 30	,1913 JWV	Vaccion Sm 3	20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can he known. The question tion is very important, so that the relative healthfulmine, etc. statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the dispasse causing death—Name, first, the dispasse causing death—Name, first, the dispasse causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Paeumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcinology



ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "l'uebperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purepresal scotichargenital," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the etc., when a definite disease can be ascertained as the mns," "Old Age." "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contheala." "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the bead Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples:

#### OCCUPATION PHYSICIANS TECORD EXACTLY Exact stated classified. 4 0 properly supplied. pe may that terms, should plain Information DEATH 0

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certificate. 10 back LO Instructions Item 10 mportant. ы CAUSI

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilt death occurred in Ward) Village or City a hospital or institution. (No. give its NAME instead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S RINGLE. SEX 4 COLOR OR RACE Married 1913 MARRIEO. WIDOWEO. (Month) OR OLVORCED CERTIFY. That I attended deceased from I HEREBY 17 B DATE OF BIRTH 184 (Year) (Day) (Month) If LESS than 7 AGE on the date stated above, at 12 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. (Duratieo) \_\_\_\_ vrs./O mest business, or establishment in which employed (or employer) ..... Contributory ... 9 BIRTHPLACE (State or country) (Secondary) (Doration) 10 NAME OF FATHER (Address) Surlew o tours 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death Where was disease contracted. If not at place of death? (Informant) usual residence... DATE OF BURIAL (Address) 15 20 UNDERTAKER AP-DRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Regiesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sareoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples: For vio-



V. S. No. 1

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)	RECORD	PHYSICIANS 8
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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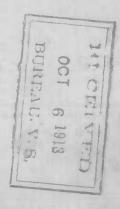
Cou	age or City Brooks Hilmo.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  Lunkman  Lunkman
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Nale Forth Single, wildowed, South Russe, Opposed (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	, 191, 191, 191, 191, 191,
	(Month) (Day (Year)	that I last saw halive on
7 AG	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
	Trade, profession, or	J. J
(b) busin whic	General nature of industry, ness, or establishment in the employed (or employer)  RTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory Secondary
	10 NAME OF FATHER Unknum	(Signed) (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
	informant) A A Campell	Where was disease contracted, It not at place of death?  Former or usuat residence
16 File	Margis Dan Ty	20 UNDERTAKER  ADDRESS  ADDRESS
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligaccidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL poritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



N. B.-Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR

V. B. No. 1.

Village or City what was Russell	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  St.; Ward)  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  MARRIED, WIDOWEO, WIDOWEO	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  J HEREBY CERTIFY, That I attended deceased from Company
(Month) (Day) (Year)	that   last saw h alive on Action 1913
TAGE  If LESS than 1 dey,hrs.  ORmin.?  S OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry, business, or establishment in	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
which employed (or employer)  PRINTHPLACE (State or country)  Ballo Cily  10 NAME OF FATHER and beselves	Contributory (Secondary)  (Duration)  (Signed)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother da Cage  13 BIRTHPLACE OF MOTHER (State or country) Harfind Cy Inf  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informent) May December 12	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, it not at place et death?  Former or Usual residence.
(Address) Whell Mans Juf  16  Filed Off 1, 191 3 + F Forsiell  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL,  Leneralen Cen, Sefet 16, 1913.  20 UNDERTAKER  Fored, Landburther Fullentore
II more Dianas are needed, address State Registra	r, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomenciaby carbolic acid—probably suicide. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is iess definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chrowic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-The nature of the Never report



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Moryland RECORD a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 4 COLOR OR RAGE DATE OF DEATH WIDOWED. (Month) (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased in (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 PARENTS 11 BIRTHPLACE OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, See instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_ WRITE Where was disease contracted. if not at place of death?.. jo 0 Former or OF usual residence. mportant. Every H REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDING

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy." valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report the head

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED V. S. No. 1.

County Plusterstrum 12247	STATE OF MARYLAND CERTIFICATE OF DEATH
D 110	Registered No. 03
Village or City Salls Canadino.	St; Ward) [It death occurred in a hospital or institution,
FULL NAME Mr. Daniel Vare	dersonth give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frait. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH Sept 20, 191.3 (Month) (Day) (Year)
Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from , 191.9, to 20, 191.3, that I last saw how alive on Safe 2, 191.3
(Month) (Day) (Year)  7 AGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Aurclatio Perna.	Contributory Servel Debelly (Secondary)  (Duration) 3 yrs mos. ds.
10 NAME OF Peter Vandersmith.  11 BIRTHPLACE OFFATHER (State or country)  2 Augustin Perm	(Signed) L Kourbnee, MD. Sept 21, 1913 (Address) Glysson
OF FATHER (State or country) Lancestes Punn  2 MAIDEN NAME OF MOTHER MARIA Horides mitte	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country)  Samuery	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Beauche Condersmith	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Certerstown Md.	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LISTER OF BURIAL  20 UNDERTAKER  \$ 2000. ADDRESS
Filed 37 22, 191 3 REGISTRAR  It more blanks are needed, address State Registrar, 6 1	William Berryman Reistrations

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the bousehold only (not pald Housekeepers it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative bealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State chlidbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligaffection need not be stated unless important valvular heart disease; Chronic interstitial nophritis. oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of ... (name orlgln; "Can-Examples: cause for



County Baltimore 12248	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registered No. 74
Village or City Meddle Reve (No. 1)	St; Ward)  [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, MAINTEL  WIDOWED,  WROWD,  OR DIVORCED  (Write the word)  6 DATE OF BIRTH  A MARRIED, MAINTEL  WROWD,  Write the word)  10 Married  10 Marrie	18 DATE OF DEATH Sufficients 2 , 1913 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191 , 191
(Month) (Day) (Year)  7 AGE  11 LESS than 1 day,hrs.  9 OCCUPATION (a) Trade, protession, or particular kind of work  Alvarer	and that death occurred on the date stated above, at 4. Pm. The CAUSE OF DEATH* was as follows:  A C Cudin tracky killery  Road Brossol
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mary Land	Contributory (Secondary)
OF FATHER Manuel Verade  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) Frank Frank Frank Coulds Could Coul
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Arra & Mary &	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death
(Address) In a gravelia.  16 Filed Rept 22, 1915 JWI tares REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Muchanics villes many 20  20 UNDERTAKER  Chas Lawing.  Resource
11) more bianks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc., Carcin-



.Accidental drowning; Struck by railway train-accisepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaecause. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Never report Examples:

PLAINLY, WITH UNFADING INK-THIS

PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified. Exact

carefully supplied.

o that it may be p

DEATH in plain terms, so See instructions on back of

information should be

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CAUSE OF important.

20

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RECORD

A PERMANENT

Wille

12249 PLACE OF DEATH

County Baltimore

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

7/.	hlandtown	Jan .		
ige or City 419	facunaroun (	No,	St.;.	******
//		,		

[If death occurred in

FULL NAME Jufant W	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, wipower, orbivorcep (Write the word)	16 DATE OF DEATH  Sept. 23 , 191.3  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TAGE  Still - Bow   1 day hrs.	that I last saw h alive on
yrs mos ds. OR min. ?  8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  Still Born  (Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Charles Wagner  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Contributory Secondary  (Signed)
(Address)	Baby not buried Sent to labora 1917

REGISTRAR

#### REVISED UNITED STATES STANDARD COPY SENT TO LOCAL REGISTRAN CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmor (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

#### RECEIVED

4 DATE OCTOS

oma, Sarcema, A. J. G. ... 101 name rigin; "Cancer" is less definite; avoid use or "Tumb" for malignant neorlasma (Tierra) (Wive out of or of the Chronic valvular neart disease; thronic integral al nephritis, etc. The contributory (secondary or intercurrent)

mia," "Puerperal peritonitis," etc. State cause for sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds., Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURDAU, V.S.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all gnestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

BUNEAU V.S.

PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN

BINDING

Village of City Catousirlle (No.	Registered No. 30  St.; Ward)  St.; Ward)  [It death occur a hospital or ins give its NAME of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)  6 DATE OF BIRTH  Accord 5 SINGLE, MARRIED, WARRIED, WARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Yes  (Yes  17  I HEREBY GERTIFY, That I attended deceased  22  1913, to Sept 9  18  that I last saw here alive on Sept 8  (18)
7 AGE (Month) (Day) (Year) 7 AGE   If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, st. 545 The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Concerniant Concerniant Conce	Gontributory Soule Demention (Secondary)  (Duration) 4 yrs mos
10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from Viol CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCITAL, SUICIDAL, or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENTS)  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant). A frequency of the second of the seco	of death yrs. mos. 8 ds. State 8 yrs. mos.  Where was disease contracted.  If not at place et death?  Former or  Usual residence.  19 PLACE OF BURIAL OR REMOVAL  PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS (4)

STATE OF MARYLAND

12251

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional libe is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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BUNEAU. V.S.

V. S. No. 1.

RECORD	PHYSICIANS should state it of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly elassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ounty Balto.  Village or City Alugha (No Liber  2 FULL NAME Frederick J.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Phile Single, Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I strended deceased from
** Comparison of the state of Birth Comparison of the state of Birth Comparison of the state of	that I last saw ham alive on Sefet 14th, 1913.
TAGE  59 yrs. H mos. 27 ds. ORmin.?  BOCCUPATION (a) Trade, protession, or	and that death occurred on the date stated above, at 10 cm, The GAUSE OF DEATH* was as follows:  Probe to McCatai  and Hypfactorphic Carabana
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs: 4/ mos. — ds.  Contributory (Secondary)
11 BIRTHPLACE OF FATHER CLUCKING OF FATHER CRate or country)  12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  Services	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant) Harriette Segant and  (Address) Liberty Leights and  16 Filed 9/11, 1913 Hong G. Mayer	It not at place of death?  Former or  usual residence.  19 place of BURIAL OR REMOVAL  Loudon Park Cem Sept 5, 191 3  20 UNDERTAKER  ADDRESS / 42 2
REGISTRAR  DE more blanks are needed, address State Registra	ur, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and chlidren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted them and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for For VIO-



PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

should be

AGE

carefully supplied. that it may be

See instructions on back of certificate. DEATH in plain terms, so

important,

-Every Item of Information should be CAUSE OF DEATH in plain terms, so

N.B.

RECORD

PERMANENT stated EXACTLY.

4

PLAINLY, WITH UNFADING INK-THIS IS

1	PI	A	CE	OF	DE	ATH	

12253

County Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St:----....Ward)

[If death occurred in a hospifal or Institution, give Its NAME Instead of streef and number.]

31 novemont

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fe DA	male White MARRIED, WIDOWED, ORDIVORCED (Write the word) Single ITE OF BIRTH  Left 18, 1913	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from  Stat 18, 1913., to Stat 23, 1913.,  that I last saw held alive on Stat 23, 1913.
	(Month) (Day (Year)  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at
part (b) busin whice	dicular kind of work.  General nature of Industry, ness, or establishment in the employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  LIMINARY  12 MAIDEN NAME OF MOTHER OF MOTHER	(Duration) yrs mos ds.  Contributory Carry hour Secondary (Duration) yrs mos ds.  (Signed) J. W. D. L.
14 TH	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)  PLACE OF MOTHER (State or country)  Maryland.  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. Sfate yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
16	Pulhay Grander Cine	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Namc, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS, such, if impossible to determine definitely. E LENT DEATHS State MEANS OF INJURY and qu which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puenperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) totanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of State cause for Never report For vioald pago. imples: ify as



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Holetop (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, OR ODVORCED (Write the word)	16 DATE OF DEATH  (Manth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH SUM 31 , 1913 (Month) (Day) (Year)	that I last saw h alive on 191
7 AGE  If LESS than 1 dayhrs.  ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	The Tom
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrsmos
9 BIRTHPLACE (State or country) Cala & Du.	Contributory (Secondary) (Deration)  yrs mos ds.
FATHER WW While	(Signed) Trude J. Dout, N. D.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from Violence
Z OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Stuckers W	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  M73, 181.3.  20 UNDERTAKER  ADDRESS  VALUATION

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Ceasus and American Public Health Association.]

'material worked on may form part of the second statement. Never return "Laborer," "Foreman," cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iliheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided neither same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhola fever (never report "Typhola pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionarum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viemere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maik-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



12255

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc... Carcin-

LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Tuerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Mcastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. cause of death approved by Committee on Nomencla. "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 de., Never report Examples: For vio-



PHYSICIANS should state of OCCUPATION Is very

properly classified. Exact statement

stated EXACTLY.

pinous

AGE

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate.

DEATH in plain of Information

CAUSE OF important.

B.

ż

RECORD

#### S. No. 1.

1	PLACE	OF	DEATH	
County	Ba	etis	nare.	

12256

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Diet	No 4
Registration	DIST.	NO

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PAGE  ACOLOROR RACE  MATTERDO, WINDOWED, ON ONLY ON THE WORD WINDOWED, WINDOWS,		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE    State of BIRTH   State   State	3 si	MARRIED, WIDOWED,	(Month) (Day (Year)
TAGE  If LESS than 1 day, hrs. OR min.?  Soccupation (a) Irade, profession, or particular kind of work.  Soccupation (b) General nature of industry, business, or establishment in which employed (or employer)  PERTHPLACE OF FATHER (State or country)  State or country)  Permany  12 Maiden Name OF MOTHER  (State or country)  12 Maiden Name OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW EDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW EDGE  (Address)  15 Make of Burial or Removal  (Address)  16 LESS than 1 day, hrs. OR min.?  The CAUSE OF DEATH ** was as follows:  Commin.?  Contributory Secondary  Secondary  Secondary  (Signed)  Contributory  Secondary  Secon	6 D	- July 6 , 187/	aug 91, 1913, to Seft 12, 1915,
Contributory College (Duration) 775 mos. ds.    Contributory College (Duration) 775 mos. ds.	7 A C	If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  112 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Calibration  (Address)  16 Contributory  Secondary  (Signed)  (Sign	(a) pai	Trade, profession, or Restaurant feeter	Joseph Janes
10 NAME OF FATHER   Clearly   Viener   Signed   Close   Contact   Contact   Causes, state (1) Means of Injury; and (2) whether Accidental, State or country   State	bus	ness, or establishment in ch employed (or employer)	. 411
(Signed)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address)  15 Calker of Country  16 Calgred  (Address)  17 S Cashburtain  18 Calcuraty  (Signed)  Sult 12 ,1913. (Address) & Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.  18 Length of Residence (For Hoapitals, Institutions, Transients, or Recent Residents)  At place of death  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL	981	(State or country) Milwankee His	
(State or country)  State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  17 18 Ashburtan  (Address)  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 PLACE OF BURIAL  A CALLWARY  19 PLACE OF BURIAL  DATE OF BURIAL  19 PLACE  19 PLACE OF BURIAL  19 PLACE  19 PLAC		FATHER Neury Wienert	(Signed) Walter a Oslandor , M. D.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  15 Cashburtain  16 Cashburtain  16 Cashburtain  17 Selwarty  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUT	L	OF FATHER (State or country) Yermany.	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
At place of death	PAR	OF MOTHER Wilhelmind Gurale	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSCENS
(Informant) Theodore Wienert If not at place of death?  (Address) 17.18 ashburtain St. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sefurity. 1913.		OF MOTHER (State or country) Germany	At place In the of death yrs mos ds. State yrs mos ds
16 14/12 Calburton St Selwarty Date of Burial Selwarty Date of Burial Selwarty . Jeff 1913.		70 , 01.	If not at place of death?
1/1/12 1/1 1/1 1/20	1.00	(Address) 1718 ashburton St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
REGISTER GLA Line lock 647 W ProA	File	Sept 13. 1913 Geoastroas p.	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments; it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chymie "Contributory." cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ciildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercufrent) tetanus) Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report Ex



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD Very Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS: AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA mportant. See instructions on back of certificate.	)	RECORD	PHYSICIANS should state
N. 19. N.	W. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12257

County.....



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

Village or City Colourulle (No	St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; St.; If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Color or RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH  Sept. 12 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h Man alive on Seft 12 1913.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
e occupation (a) Trade, prefession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Pulmonary Fabriculoses  (Ouration) — yrs 1 mos — ds.
which employed (or employer)  BIRTHPLACE (State or country)  Howard Co	Contributory Stowater (Secondary)  (Deration) yrs mos /4 4s.
FATHER GOODE Welliams	(Signed) harfall 13 war, M. D. Seft 14, 1913. (Address) Colombielle
Z OF FATHER (State or country) Howard Ca	O*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Haward Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds.
(Interment) State Williams	Where was disease contracted, If not at place et death?  Former or
(Address) Catouvelle Vol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Seft 14, 1913 waishall BUSK REGISTRAR	20 UNDERTAKER Pye Octownelle )
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative mealthful-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Collapse." "Coma," "Convulsions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_\_ The contributory tetanus) may be stated under Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For VIO-



#### RECORD PERMANENT EXACTLY. classified. ס pe 80 be should plain 5 DEATH ö Item 0 ы

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12258 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No... PHYSICIANS Ilf death occurred in Village or City St.:...Ward) a hospital or institution, give its NAME Instead of street and number. 1 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIEU WIDOWED, (Month) Write the word) (Day (Year) CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, ....hrs. OR ..... ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) ......yrs.....mos.... which employed (or employer) ..... 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER of back 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 60 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. 8 If not at place of death?... Former or usual residence. Important. PLACE OF BURIAL OR REMOVAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfuleated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Mcastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease can be ascertaized as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, as that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH	12259	STATE OF MARYLAND
Co	unty Dala		CERTIFICATE OF DEATH Registration Dist. No. 6
Vii	age or City Herefood 2FULL NAME Ly	olia a	St.; Ward)    St.; Ward   Interest of the control of a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ATE OF BIRTH CON	S SINGLE, MARRIED, Married WIDOWED (Write the word)  1866	16 DATE OF DEATH  State of DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  Sefection 191.3, to Sefection 191.5,
7 A C	GE (Month)  GE yrs. // mo	(Day (Year)  It LESS the t day,hr	and that death occurred on the date stated above, at
(a) par (b) bus whi	Trada, protession, or ticular kind of work	re Kufer	(Duration) yrs. mos. 4 bisa  Contributory Sept Henrichtenia, Timels hap
	10 NAME OF FATHER	7 11 4	(Signed) Constitution yrs mos Cost
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	ed a	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
α.	13 BIRTHPLACE OF MOTHER (State or country)	a Shorter	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds
	Interment)	OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
1 6 File	(Address) Herafud	REGISTRAR	20 UNDERTAKER  La Roy Stiffer  Address  Address  Address  Address
	/ If more blanks are	needed, address State Re	gistrar 6 E. Franklin St. Ralto Postuoring V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. been chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons cugaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Couvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomenclachildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senilc," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for



PLACE OF DEATH 19900	STATE OF MARYLAND
Balto 12260	CERTIFICATE OF DEATH
County.	Registered No. 38
Gas H	- Mari
Village or City Ovenstow (No.	Le Cultood St.; Ward) [It death occurred to a hospital or lostitution,
	give its NAME instead
* FULL NAME infant of gramme	on & Marie Win field of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Stillton	16 DATE OF DEATH Jept 2/25 1913
Vale Colored (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Steel born, 191 , to Sept 2/2, 1913,
(Month) (Day) (Year)	that I last saw have alive on Still both , 1913
7 AGE // It LESS than	and that death occurred on the date stated above, at 7 P m,
Stillbon 1 day,hrs.	
yrsds.   ORmin. ?	
BOCCUPATION	
(a) Trade, protession, or particular kind of work	
(b) General cature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) 12 01-Page Santan	Contributory (Secondary)
(State or country) Ballo Co govens	(Ouration) yrs mos ds.
10 NAME OF	6111
FATHER Servond Wentill	
11 BIRTHPLACE	Jeph 21, 1913 (Address) For ane town med.
Z (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MAYER HOLLINGS	TAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place to the
	of death yrs mos ds. State yrs, mos ds.  Where was disease contracted,
TATTLE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Interment) Tremon Wenzeld	Former or osual residence.
7 Slow Mercred Ave Sim	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / J Colored	3 ion 69mel Come Sept 32, 1913
16 Janes Oland Cin	200 NDERTAKER ADDRESS
Filed 191 REGISTRAR	Both 1- 2 808 1 1 511 B
	The S. D. Transition St. Dollar Baymontion V. S. No. 1
II more nights are meaned, address prats wells of	rar, 6 E. Franklin St., Balto., Requesting V. S. Ne. 1.

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Statement of cause of death--Name, first, the disease causing death--Name, first, the disease causing death--Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puepperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig-nant neoplasms); Measles; Whooping cough; Chromio oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-For VIO-

If this certificate is looked over thoroughly and all gneations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

001 3 1913

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING T. B. No. 1.

Gounty Sellimire 12261	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 35
Village of City Stevenson (No. 1)  * FULL NAME Arthur C. M.	St; Ward)  [If death occurred le a hospital or institution, give its NAME instead et street and eumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Tear)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  Lift  1913, to Lift  1913, to Lift  1913, to Lift  1913, to Lift  1913,
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4136 fm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) Genaral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  BIRTHOLOGIC (State or country)	(Duration) yrs mos ds.  Contributory (Secondary)  (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the cf death yrs, mos ds.  Where was disease contracted.
Interment)  (Address)  (Address)	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  C. M. Meetry Source Sept. 27, 1913  20 UNDERTAKER  C. J. H. Off PLESVILLO
more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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childbirth or miscarriage, as "Puerferal septichaccause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Examples:



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PLACE OF DEATH STATE OF MARYLAND 12262 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred le St.: Ward) a hospital or Institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH Month) (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at t day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment la 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER (Signed)..... 11 BIRTHPLACE new ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country State ..... yrs. .... mos. .... ... yrs. ..... mos. ..... ds. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). causing peath, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Examples: For VIOd8.



1 PLACE OF DEATH

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STATE OF MARYLAND

CERTIFICATE OF DEATH



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should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up ou account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Semile," etc.), Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report cause for For vio-

If this certificate is tooked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 6 1913 BURLAU, V. S.